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PART-IIA

GOVERNMENT OF MEGHALAYA

NOTIFICATION

The 1st June, 2023.

No.SW(S) 77/90/Pt/224. - The Drug Reduction, Elimination and Action Mission (DREAM) for ensuring successful implementation of activities and collaborative strategies against drugs abuse and substance abuse on a Mission Mode for Drug Free Meghalaya is hereby notified with immediate effect and is circulated for the information of all concerned.

SAMPATH KUMAR,
Principal Secretary to the Govt. of Meghalaya,
Social Welfare Department.

DREAM

Drug Reduction, Elimination & Action Mission

1. Overview of the Mission

Substance use disorders are a serious problem which is adversely affecting the social fabric of the State. The dependency on any substance not only affects the individual's health but also disrupts families and the societies as a whole. There is no part of the world which is free from the curse of drug trafficking and drug addiction and Meghalaya is no exception.

This Mission was conceptualised after the Hon'ble Deputy Chief Minister of Meghalaya, Shri Prestone Tynsong took cognisance of the rise of the menace of Drugs/Substance Abuse and the need to combat the problem through effective collaboration through implementation of Mission Mode at the State Observance of International Day against Drug Abuse & Illicit Trafficking, 2022.

A major challenge that is eroding the social fabric of Meghalaya is the growing prevalence of substance use disorders. Challenges in policing have resulted in porous borders that have brought easy access narcotics. There has been a considerable surge of substance use over the last decade, with addiction surpassing three times above the national average. In light of this, it is imperative to develop a targeted mission. Substance addiction has detrimental effects on an individual's health as well as on their family and society as a whole. The scourge of drug trafficking and addiction threatens all corners of the world, and Meghalaya is no exception.

Additionally, the State is the preferred State for the transit of illicit drugs given its proximity to the Golden Triangle. Whilst Meghalaya has a widespread drug problem, East Khasi Hills, East Jaintia Hills, West Garo Hills, South Garo Hills, and Ri-Bhoi are the top 5 (five) districts in terms of drug use.

1.1 Definition:

The Drug Reduction, Elimination and Action Mission (DREAM) builds on the Meghalaya Drug Abuse Prevention Policy, 2020 to reach the goal of eliminating drug use in the state. The policy defines drug abuse as "the uncontrollable, excessive use and illicit consumption of any naturally occurring or pharmaceutical substance that leads to physiological and psychological harm. It affects the Central Nervous Systems (CNS), which produce changes in mood, levels of awareness or perceptions and sensations."

This mission determines the following list of drugs that are prevalent in Meghalaya as per the 2019 National Survey on Extent and Pattern of Substance Use in India as:

Substance	Current users (%)	Dependence (%)
Alcohol	*3.4*	*0.9*
Cannabis	*1.68*	*0.15*
Opioid	*6.34*	*0.75*
Sedatives	*0.95*	*0.09*
Cocaine	*0.05*	*0.01*
Inhalants	*0.08*	*0.01*
Hallucinogens	-	-
Amphetamine Type Stimulants (ATS)	*0.05*	-

Source: Data on the Magnitude of Substance Use In Meghalaya from the National Survey on Extent and Pattern of Substance Use in India, 2019

NOTE : CURRENT USE of any substance is defined as use (even once) within the preceding 12 months. While, DEPENDENCE is defined as current use of the substance along with scores on WHO ASSIST more than 26.

The mission intends to utilise relevant international standard assessment tools, like the WHO Alcohol, Smoking and Substance Involvement Screening Test (WHO ASSIST) to validate and determine the threshold of harmful use and dependence among users of various substances.

The first National Survey on Extentand Patternof Substance Use in India, 2019 was conducted by the Ministry of Social Justice & Empowerment (MoSJE) through the National Drug Dependence Treatment Centre (NDDTC) of the All India Institute of Medical Sciences (AIIMS), New Delhi. The survey was done across 36 States and Union Territories from the period of December, 2017 to October 2018. A Household Sample Survey (HHS) was conducted among a representative sample of 19 to 75 years old. A total of 2,00,111 households were visited across 5808 Primary Sampling Units and 186 Districts with a total of 4,73,569 individuals interviewed, (4000 households in each State & 12500 completed interviews of individuals in each State).

In Meghalaya, the Sample Survey was collected from three districts East Khasi Hill, Jaintia Hills & West Garo Hills District. As per the report, Alcohol is the most common psychoactive substance used by Indians followed by Cannabis and Opioids. About 16 Crore persons consume alcohol in the country, 3.1 Crore individuals use cannabis products and 2.26 Crore use opioids. A sizable number of individuals use sedatives and inhalants.

The state is cognizant of the higher risks attached to vulnerable sections of the society, particularly, youth and adolescents, women, LGBTQI, persons with disabilities and migrants. The 2013 Assessment of Pattern and Profile of Substance Use among Children in India which examined the pattern, profile and correlates of substance use among Indian children found that Meghalaya had the highest child substance users:

Substance	Percentage
Heroin	27.3
Tobacco (past month users)	96.4
Cannabis	50.9
Inhalants	30.9

Source: 2013 Assessment of Pattern and Profile of Substance Use among Children in India

The first nation-wide study was commissioned by the National Commission for Protection of Child Rights (NCPCR) in collaboration with National Drug Dependence Treatment Centre (NDDTC) of All India Institute of Medical Sciences (AIIMS) to examine the pattern, profile and correlates of substance use among Indian children.

According to the survey, children's drug usage is primarily brought on by curiosity, peer pressure, a lack of awareness of the risks, migration, and poverty. Additionally, it has been observed that youth who run afoul of the law frequently use drugs of one kind or another. Therefore, the mission aims to maximise the youth potential by establishing a student cadet wing that will effectively utilise and enhance their capability in addition to deterring them from engaging in at-risk behaviour.

Research has also indicated a correlation between tobacco use and the consumption of additional drugs. As per the NCPCR, 2013 report, factors that could account for substance use in children are:

> Family related factors:

> Substance use in a family member (57%)

> Single parent/broken families/living with relatives/no parents (25%)

> Fights in the family (46.6%)

> History of physical/verbal abuse (45.3%)

> Stress, physical and psychological health

> Peer related factors

Therefore, the mission will build on already-existing initiatives like the Tobacco Free Educational Institutions (ToFEI) program to guarantee that low-risk habits do not escalate into more dangerous addictions.

Further, the close proximity of the State to the Golden Triangle makes it a preferred State for illegal drug transportation. Meghalaya's drug problem is evident in all Districts; however, the top 5 (five) Districts are East Khasi Hills, East Jaintia Hills, West Garo Hills, South Garo Hills and Ri-Bhoi.

As per data received from the Office of the IGP, CID, Shillong, the cases registered, persons arrested (FIGURE.1) and drugs recovered (FIGURE. 2) shows an increasing trend for drug activity.

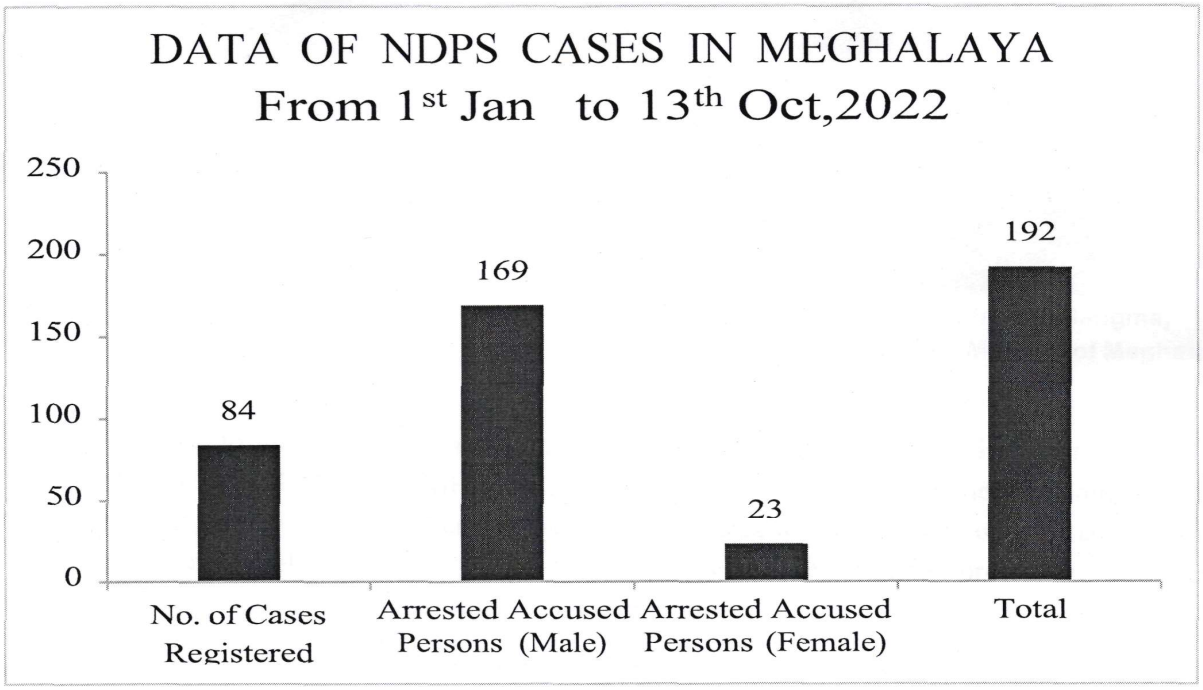

FIGURE 1

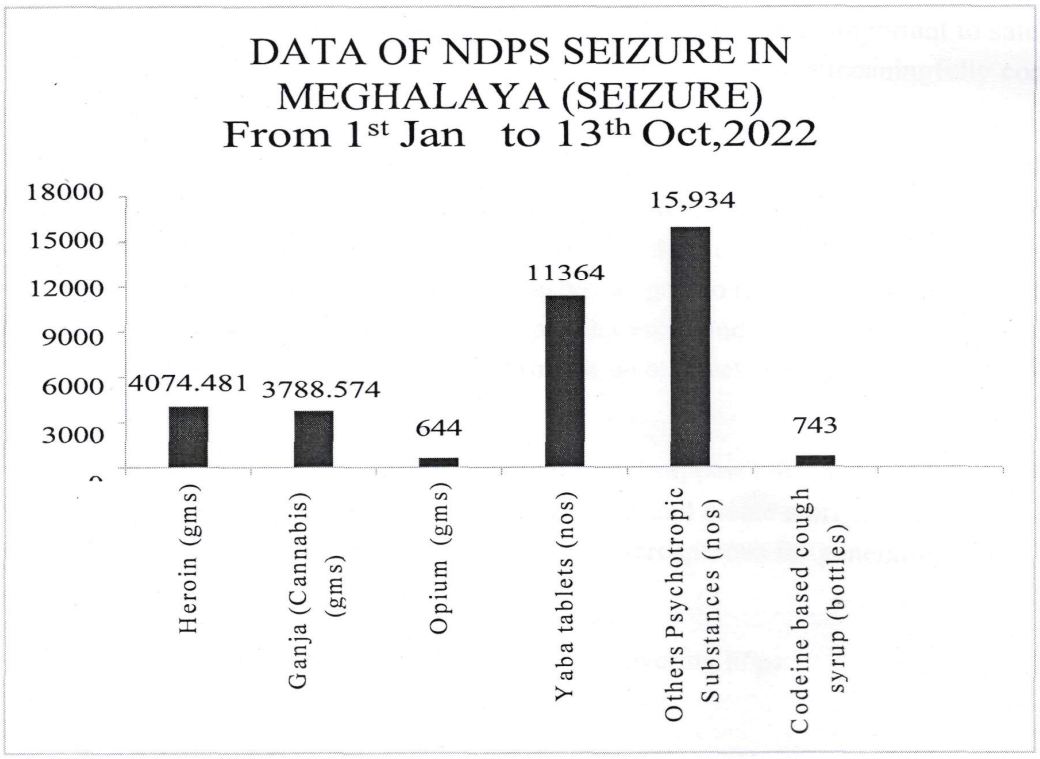

FIGURE 2

Number of cases registered, Police Station (PS) wise from 1st January to 13th Oct, 2022

Sl. No.	District	Police Station	Cases Registered	Total
1	East Khasi Hills	Sadar PS	12	37
		Lumdiengjri PS	2	
		Laitumkhrah PS	2	
		Rynjah PS	6	
		Mawlai PS	5	
		Madanryting PS	3	
		Mawngap PS	2	
		Pynursla PS	3	
		Mawsynram PS	1	
		Mawryngkneng PS	1	
2.	West Khasi Hills	Nongstoin PS	6	6
3.	South West Khasi Hills	Ranikor PS	2	4
		Nonghyllam PS	2	
4.	Eastern West Khasi Hills	-	NIL	NIL
5.	East Jaintia Hills	Khliehriat PS	5	7
		Lumshnong PS	2	
6.	West Jaintia Hills	Jowai PS	4	4
7.	Ri-Bhoi	Nongpoh PS	6	7
		Umiam PS	1	
8.	East Garo Hills	-	NIL	NIL
9.	West Garo Hills	Tura PS	10	12
		Phulbari PS	1	
		Dalu PS	1	
10.	South Garo Hills	Baghmara PS	4	5
		Nangalbibra PS	1	
11.	North Garo Hills	-	NIL	NIL
12.	South West Garo Hills	Ampati PS	1	2
		Mahendraganj PS	1	
GRAND TOTAL				**84**

2. Anti-Drug Mission Strategy

2.1 Vision

To build a "DRUG FREE MEGHALAYA" that leverages culture and communities through a multifaceted coordinating strategy to eliminate the incidence of substance use in the state.

2.2 Objectives

> Collaboration: To tackle drug and substance use in the State effectively through collaborative efforts by all Departments, NGOs and Stakeholders.

> Support pathways: Provide immediate medical assistance to substance users.

> Prevention: Creating a safety net for children and youth through early identification of those at risk.

> Limit Supply Curb the Supply of Illicit Drugs and Trafficking for Harm Reduction. Including strengthening the enforcement of legal provisions.

2.3 Key Indicators of Achievement

The Key indicators for achieving the aims and objectives of the Mission are as under:

> Increase participation and awareness among community and youth groups about the preventive measures. 'No to drugs and substance use will be inculcated among all sections of people starting from the children and youth.

> Increase in the number of Rehabilitated Drug Users engaged in Livelihood Activities.

> Reduction in the dropout rate in the schools and colleges.

> Increase in the number of treatment centres in the Districts/State with Standard Operating Procedures (SOP).

> Availability of accurate data on the extent and reduction of Drug Addiction in the State.

> Reduce in crime rates linked to drug peddling (arrest and conviction under NDPS).

> Reduction in the crime rates in the State.

> Reduction in number of teenage pregnancies.

> Reduction in the tobacco and cannabis consumption which are gateway drugs.

2.4 Key Outcomes

Through the Drug Reduction, Elimination and Action Mission (DREAM), the state will bring focused energy to implementation of the following key inputs, to achieve the essential outcomes and impacts for transformational change of the substance use landscape.

Inputs	Outcomes	Impact
• Organise regular awareness programs for the community and youth on the dangers of substance use and preventive measures to curb addiction • Coordination across departments & policies under Human Development Council • Creation of support groups under VHCs, guided by community health workers • Develop parameters of identification of at risk youth that may fall into addiction • Expansion of mental health helpline	• Monthly IEC campaigns in all communities on the prevention of substance use. • Increased number of initiatives targeted at preventive measures such as addressing stress among vulnerable groups • Active support groups such as Alcoholics Anonymous, Sponsors and peer support to support individuals who are recovering addicts • Regular collection of data on the extent and reduction of Drug Addiction in the State	• Anti-drugs use and responsible substance use will be inculcated among all sections of people starting from the children and youth • Increase in the number of treatment centres with a Standard Operating Procedures in place. • Reduction in the dropout rate in the schools and colleges • Increase in the number of Rehabilitated Drug Users engaged in Livelihood Activities • Increase in cases of arrest and conviction under NDPS and reduction in the crime rates in the State.

		• Reduction in number of teenage pregnancies • Reduction in the tobacco consumption by children • High rates of care seeking among population • Reduced stigma and greater social integration for addicts.

2.5 Framework of the Drug Reduction, Elimination and Action Mission (DREAM)

The mission aims to inspire and involve communities and stakeholders in a cooperative effort to safeguard all citizens of Meghalaya, especially the youth by developing their capabilities so they may be able to make better life choices. The Mission plan aims to augment current efforts and address critical areas. To sustain the Mission, the strategy involves a Comprehensive Action Plan for Five-years with specific deliverables to strengthen and identify the gaps to address drug addiction.

Drug Reduction, Elimination and Action Mission (DREAM) Framework Dimensions
A. Social Mobilisation
B. Recovery and Care Pathways
C. Drug Regulation Law procedure

A. Social Mobilisation

Community engagement through Village Health Councils (VHCs): The VHCs can Identify at-risk groups in the community, provide local suggestions to prevent drug addiction in the village while also advising community members to refrain from at-risk behaviours like smoking, taking drugs.

The Student Police Cadet (SPC) program will be introduced in the state, through existing funds within the Home department. The program is a youth-oriented program designed to educate and engage young people. It is designed to provide students with an understanding of the role of police in the community, as well as to develop positive relationships between youth and law enforcement. It aims to engage the youth in positive activities and provide them with role models and mentors, and constructive alternatives to risky or harmful behaviour.

A.1. RKSK & School Health and Wellness Programme

School Health and Wellness Program is a national program that aims to improve the overall health and wellness of children in school. The program focuses on providing comprehensive health care services to children in schools, including preventive, promotive, and curative services, as well as health education and nutrition counselling. The program is implemented by the Ministry of Health and Family Welfare in collaboration with state governments in schools and other community-based settings, and involves the participation of various stakeholders including the government, schools, health care providers, and community organizations.

The RKSK program also aims to educate adolescents about the harmful effects of drug and substance abuse and to promote healthy lifestyles. Some activities include awareness campaigns, provision of counselling and support *via* Adolescent Friendly Health Clinics (AFHCs) for adolescents who are at risk of drug and substance abuse or who are already using drugs. This may involve individual counselling sessions, group therapy, and referral to treatment facilities. The program also includes life skills training on decision-making, problem-solving, and coping with stress, which can help adolescents to resist the temptation to use drugs and substances.

Alternative activities such as sports, cultural events, and other extracurricular activities are also offered to keep adolescents engaged and help them to stay away from drugs and substances.

The Drug Reduction, Elimination and Action Mission (DREAM) intends to strengthen the RKSK & School Health and Wellness Program through a collaborative interdepartmental approach in order to achieve the goal to help adolescents to lead healthy and drug-free lives, and to provide them with the support and resources they need to make healthy choices.

A.2. RKSK & School Health and Wellness Programme and, Tobacco Free Educational Institutions (ToFEI)

The ToFEI program is a initiative to promote a tobacco-free environment in educational institutions, such as schools and colleges. The program aims to protect students and staff from the harmful effects of tobacco use and second hand smoke, and to create a healthy and supportive environment for learning and personal development.

As part of the ToFEI program, educational institutions may adopt policies that prohibit the use of tobacco products on campus, including cigarettes, smokeless tobacco, and other tobacco-based products. These policies may also include provisions for enforcement and penalties for violators. The ToFEI program may also include educational and awareness-raising

activities to educate students, staff, and other members of the educational community about the dangers of tobacco use and the benefits of a tobacco-free environment.

The goal of the ToFEI program is to create a tobacco-free culture in educational institutions, and to promote the health and well-being of students and staff. By reducing tobacco use and exposure to second hand smoke, the program aims to improve the overall health and academic performance of students, and to create a positive and supportive learning environment.

A.3. Awareness and IEC Campaigns

Brand ambassadors can be recruited to raise awareness organically and on social media, in addition to reinforcing already successful programmes like the RKSK School Health and Wellness Program and the Tobacco Free Educational Institutions (ToFEI). To grasp the varied challenges that parents confront, workshops and dialogues will be organised.

Advocacy and sensitization programmes with the Police, Media, Headmen etc on appropriately dealing with drug users during arrest, etc. to maintain confidentiality and protect addicts from exposure to the media and public.

Efficient and engaging IEC content and campaigns will be developed to promote awareness and de-stigmatise Drug Abuse.

B. Recovery and Care Pathways

Qualification and Assessment protocols: The required standards and procedures will be put in place to ensure that everyone has access to equitable health care.

Rehabilitation: Beyond human resources, the implementation approach will also aim to strengthen the medical Infrastructure for addressing substance use through extending the provision of medication and equipment to more local areas, prioritising high-use PHCs/CHCs and Sub-Centres.

The mission will supplement the existing infrastructure through the development of Rehabilitation, De/Addiction and counselling centres, community peer led intervention centres in the State through Model Treatment and Rehabilitation Centres and Focused Interventions services in a phase wise manner.

Financial Assistance: Provide a one-time financial assistance of Rs 32000 for three month detoxification and rehabilitation treatment programs outside the state for patients from BPL. (of upto 10 patients a year)

Referral system: In the advent of reduced/ low availability of beds at public health care facilities, hospital supervisors shall expedite referrals to private facilities, wherever possible.

B.1. Support Pathways

Shelter Homes: Create a safety net for children and youth through early identification of those at risk by setting up shelter homes to provide a safe space for addicts.

Toll-Free Helpline: Expand the existing Helpline to provide support, using data & analytics for effective follow up; set up counselling cells in Educational institutions as much as possible.

Peer support: Apart from organising awareness programmes for their peers, SPCs can also be leveraged to help identify peers that are in distress and refer them to teachers/counsellor.

Sponsor support: Build on Alcoholics Anonymous groups to expand to peer groups that can provide support and care seeking pathways.

Skill building for people that are recently rehabilitated: Coordination between MSSDS & the Education dept to provide all school dropouts access to vocational and skill development opportunities to create employment opportunities. Communities can help identify the youth.

B.2. Treatment & Rehabilitation

To ensure accessibility of services within the state for treatment and rehabilitation of users and Focused Interventions, the state would increase treatment and rehabilitation and Focused Interventions facilities from the existing facilities available within the state. The state would call for an Expression of Interest (EOI) and provide financial assistance to interested Institutions or NGOs for setting up and running such facilities as identified or proposed by the state.

In Meghalaya, there are 10 (ten) existing Rehabilitation Centres that are either funded by the Ministry of Social Justice & Empowerment (MoSJE), Government of India (GOI), state supported or privately owned.

In the entire state of Meghalaya, there is only 1 (one) Integrated Rehabilitation Centre for Addicts (IRCA) which is being run by the KJPA New Hope De-addiction Centre located at Mawdiangdiang, New Shillong and supported by the Ministry of Social Justice & Empowerment, GOI. 4 (four) Institutions are supported by the State Government through the Social Welfare Department and, 4 (four) are Private Institutions.

The Ministry of Social Justice & Empowerment has also set-up Addiction Treatment Facility (ATF) at Tura Civil Hospital, Tura and ATF for Out Patient Department (OPD) at Jowai and Baghmara Civil Hospitals. The Ministry through the Focused Interventions *viz,* Community and Peer Led Interventions (CPLIs) and Outreach and Drop-In Centre (ODICs)is supporting 1 (one) Community and Peer Led Interventions at Shillong and 2 (two) Outreach and Drop-In Centres at Jowai and Shillong.

The List of Rehabilitation Centres, ATFs, CPLI and ODICs is at Annexure I

The state proposes to set up Model Treatment and Rehabilitation Centres and Focused Interventions services at the identified districts in a phase wise manner in its mission to create a benchmark in drug demand reduction services. These facilities/centres would provide services for identification of individuals with harmful use and dependence of any substance, motivational counselling, detoxification/de-addiction treatment and recovery of clients, after care and social integration into the mainstream society. Focused Intervention Centres - ODICs and CPLIs would do similar activities and focus on community involvement and participation.

In order to ensure the success rate in the process of recovery of patients is achieved, the state would focus on providing high quality services where qualitative care such as, ensuring enough space for the patient for extra-curricular/recreation activities or therapies

for example, kitchen gardening, lawns for walks, outdoor games etc. can be carried out during their stay at the centre is being focused and not quantitative care in service delivery. A small group would also ensure effective one to one counselling, follow-ups on patients and their family and also provide an environment where formation of group dynamics often leading to aggressive attitudes, drop- outs and run away cases amongst the in-house patients are avoided.

B.3. Proposal For Setting – Up of Facilities In The State

Sl. No.	Year	Proposed	Quantity	Capacity	Identified District
1	1st Year	De-addiction Centre for Men	1	30 Bedded	West Garo Hills
		Detoxification Centre	1	6 Bedded and 1 ICU	Ri-Bhoi
2	2nd Year	De-addiction Centre for Women	1	15 Bedded	West Jaintia Hills
		Detoxification Centre	2 (1 Each)	6 Bedded and 1 ICU	West Jaintia Hills and West Garo Hills
		Outreach and Drop-In Centre	3 (1 Each)		Ri-Bhoi (Byrnihat),West Khasi Hills and West Garo Hills
		Community Peer Led Intervention	4 (1 Each)		West Garo Hills, Ri-Bhoi(either at Umsning/Nongpoh), East Jaintia Hills, and South West Khasi Hills
		De-addiction Centre in Prison Settings	3 (1 Each)		West Jaintia Hills, West Garo Hills and Ri-Bhoi District Jails

The norms for setting such centres is at Annexure II

B.4. Scope For Treatment & Rehabilitation Outside The State

The State would provide financial assistance for detoxification and rehabilitation treatment to patients wanting to avail treatment facilities outside the state. The state would provide one-time financial assistance of Rs. 32,000/- (Rupees thirty two thousand) only for 3 months Treatment and Rehabilitation Course which is inclusive of detoxification, rehabilitation and travel expenses for patients belonging to the Below Poverty Line (BPL) and possessing such document proof. However, amount exceeding the financial assistance will have to be borne by the clients. The Department will fixed the targets for the total number of beneficiaries as per need and assesment.

B.5. Application Process

To avail financial assistance the patient is required to submit:

> An application letter addressed to the District Social Welfare Officer seeking financial assistance for treatment and rehabilitation Outside the State.

> The application letter should be accompanied by Medical Certificate duly countersigned and sealed by the Authorised Medical Attendant not below the ranking of a Superintendent of a Government Hospital or the District Medical & Health Officer.

> A Certificate in original from the Block Development Officer (BDO) quoting full name, designation, telephone number and complete official address of the certificate issuing authority regarding occupation and monthly/yearly income of the applicant and his/her family members from all sources.

> Prior approval of the Director of Social Welfare, Meghalaya, Shillong is required to refer the patient for treatment and rehabilitation to such recognised institutions and the cost of the treatment shall be reimbursed by the Social Welfare Department.

> The applicants must submit the following mandatory document along with the application letter.

> Below Poverty Line (BPL) Card or Ration Card

> 2 Passport Size Photographs of Client (one pasted on application letter and the other stapled on the application).

> Copy of EPIC Card or Aadhar Card or Residential Proof of address.

> Original Medical Certificate incorporating the type of disease and referral.

> The District Social Welfare Officers shall make a home visit to the applicants' residence and provide an inspection report along with recommendations to The Director of Social Welfare, Meghalaya, Shillong for approval.

> The broad criteria laid down for sanctioning of such grants are:

> Certificate from the empanelled Institution (list to be provided later) for completion of treatment and rehabilitation course, original bills and vouchers is to be submitted for re- imbursement.

> Patients not fulfilling the mandatory course duration of 3 (three) months treatment and rehabilitation shall not be eligible for re-imbursement.

> Reimbursement of expenditure already incurred is not permissible.

> Prolonged treatment involving recurring expenditure is not permissible.

> Financial assistance is not admissible for diseases of common nature where treatment is not expensive.

> Financial assistance is not admissible for T.B. cases for which free treatment is available under National T. B. Control Programme, HIV/AIDS, Hepatitis B and C and other

medical conditions.

> Cases for treatment in private hospital are not entertained.

> Central as well as State Government employees are not eligible for grant under rules.

> Only those having annual family income up to ₹ 1,00,000/- and below are eligible for financial assistance.

C. Drug Regulation Procedures

The current Drug Supply Reduction Strategy, law enforcement and prosecution mechanism will be strengthened through the mission. The manpower of the Home department will also be leveraged to increase surveillance around Educational Institutions and high risk areas.

The Narcotics Control Bureau (NCB) is the Central Nodal Agency for effective coordination on matters related to drug trafficking in India. NCB is to exercise the powers and functions of the Central Government for taking measures with respect to co-ordination of actions by various offices, State Governments and other authorities under the Narcotic Drugs & Psychotropic substances (NDPS) Act, Customs Act, Drugs and Cosmetics Act and any other law for the time being in force in connection with the enforcement provisions of the NDPS Act, 1985. Apart from this NCB is also mandated to compile important statistics on drug seizures in India.

In Meghalaya, the State Police has a major role to play to curb the drug supply reduction in the state. The Narcotic Cell was constituted in the State CID HQ consisting of 1 (one) Inspector, 1 (one) Sub-Inspector and 1 (one) constable.

An Anti-Narcotic Task Force for the State of Meghalaya has also been constituted where the District Anti Narcotic Task Force (ANTF) has been constituted in all 11 (eleven) districts under the direct supervision of the District Superintendents of Police with the existing man power in each district. This Task Force has been tasked to collate intelligence pertaining to illicit drug activities and to conduct regular checking in order to thwart drug related activities. All field officers are also tasked with development and dissemination of intelligence pertinent to drug peddlers and their modus operandi, and to take immediate action as per law. They are also assigned with specific duties to strictly monitor and pursue the matter so as to curb the menace arising out of drugs.

The Meghalaya Police has acquired 4 (four) number of Narcotic Sniffer dogs posted at Dog Squad K-9 Unit, Shillong. These dogs have been deployed for regular checking for NDPS at the District Jails of Shillong, Jowai and Nongpoh along with the Jails authorities. The District ANTFs and the Narcotic K-9 unit currently conduct regular surprise checking of vehicles along the National Highway as well as in the city and suspected place to prevent illicit trafficking of drugs and driving under influence of drugs.

C.1. Strengthen Drug Supply Reduction Strategy

The Meghalaya Police in its endeavour to eliminate drugs/substance use in the state would strengthen the drug supply reduction by adopting various strategies through mechanism of

- Inter State Police Co-ordination.
- Co-ordination with neighboring countries.
- Setting-up of Check Points at the entry points into the state.
- Strengthening of Narcotic Sniffer Dogs Squad.
- Sharing of information and data with the other state police and agencies.
- Expertise in the Anti-Narcotics Task Force (ANTF) to be strengthened.
- Increase surveillance in areas around schools, educational institutions and pharmacies to ensure the drugs and substances are not reaching the children.
- More surveillance equipment to be provided.
- Identifying drug suppliers through drug users.
- Collection of information from local residents, stake holders and other sources.
- Conducting raids and trap operations on all drug suppliers and seizures of drugs be it small, middle and commercial quantity.
- Supervision of NDPS cases till disposal (i.e. Charge sheeted) by the GOs /ANTF.
- To strengthen the law enforcement and prosecution mechanism, Fast Track Courts or Special Courts will be established for speedy trials, provide legal assistance to users and plea bargaining to bring uniformity and certainty while dealing with cases.

3. Core Strategies

Strengthen partnerships between various Departments and agencies widely at State and District Level and the Village and Urban Local Bodies that recognises and builds on local initiative and locally relevant strategies fostering convergent action.

Increased and improved availability of treatment and rehabilitation facilities for all drug users including young girls and boys with the use of Standard Operating Procedure.

Networking among different sectors, professionals, institutions, voluntary agencies & NGOs, action groups, project functionaries, Community Based Organisations.

Strengthening community ties and empowering families by promoting a caring and loving environment that does not stigmatise affected individuals.

4. Standards of Care And Service

The Standard Operating Procedure will be framed by the State to provide a mandatory framework for service delivery.

The purpose of the service standards under the Mission is to promote and ensure basic and good quality services in the Counselling, Treatment and Rehabilitation Centres.

5. Mechanism For Implementation

The Mission will be rolled out in all the districts of the state with greater focus on the Vulnerable Districts and Hotspots areas of the District.

The Ministry of Social Justice & Empowerment has identified vulnerable districts in the state namely:

- East Khasi Hills
- West Jaintia Hills
- West Garo Hills
- South Garo Hills
- East Jaintia Hills
- West Khasi Hills

Hotspot Areas In The Districts

Districts	Locations
East Khasi Hills	Madanriting, Jhalupara, Laitumkhrah, Nongthymmai, Polo area, Nongmynsong, Mawlai area, Mawprem, Lumdengjri, Harijan colony (Mawlonghat), Mawngap, Mawrynkneng and Pynursla
West Jaintia Hills	Iawmusiang, Wahangbah, Ladthalaboh, Panaliar, Dulong, Pohhali, Khimmusiang, Mission-Pohskur, Mynthong, Mihmyntdu, Mukhla, Dawki area
East Jaintia Hills	Khliehriat, Dkhiah, Lad-Sutnga, Shi-kilo to Soo-kilo, Moopaia, Lumshnong, Lad-Rymbai area, Umkiang, Ratacherra
West Khasi Hills	Old and New Nongstoin area
Ri-Bhoi	Rongmen area under Nongsder Block IV village, Umroi cantonment, Umiam area, Umlaren area falling under Mawlein, Mawkhan village, Sohbhala area under Nongthymmai village, Umran Diary area, Nongpoh area, Byrnihat area and Khanapara area
West Garo Hills	Nagarband, Dadenggre-Dakopgre, Damal Asim, Rom Apal, Tura Bazaar area, Matchakolgre, New Tura, Phulbari area, Dalu area, Tikrikilla area and NH-06
South Garo Hills	Baghmara, Arapara, Gasuapara, Jatrakona, Rongara area and border areas

Source: Office of the IGP, CID, Shillong.

6. Implementation Strategy

To effectively execute the policy framework described above, there is need for a particular focus on implementation, and attention to potential barriers to achievement of the Mission goals. This policy identifies enabling dimensions that can help ensure successful implementation. As a first step, the state must work to strengthen Human Resources, both through building the capabilities of existing government officials, medical staff and community members, and through recruitment for new roles.

For all of the above measures to succeed, the state will focus on strengthening state capability to address the complex challenge of substance use. A key element of this will be ensuring Inter Department Collaboration & Policy Convergence. The state will address this by:

> Aligning all departments through the Meghalaya Human Development Council

> Integrating the anti-drug mission within the Comprehensive Primary Health Care (CPHC) approach of the state

> A Substance-Use Prevention Unit will be established under an IPS Officer or a Senior Officer on deputation will be appointed as Mission Director, supported by the Social Welfare Officer (Anti-Drugs) to drive the day-to-day basis working of the Substance Use Prevention Unit.

While the state aims to improve coordination and convergence across all relevant departments, attention will also be paid to mobilising and empowering Community Institutions. Community engagement is an integral part of Meghalaya's Drug Reduction, Elimination and Action Mission (DREAM) and approach, as it is the bedrock for prevention, early detection & long term social support. Specifically, the policy envisions:

> Beyond human resources, the implementation approach will also aim to strengthen the medical Infrastructure for addressing substance use through extending the provision of medication and equipment to more local areas, prioritising high-use PHCs/CHCs and Sub-Centres.

> At the State Level, a State Mission Steering Group (SMSG) will be constituted headed by the Chief Minister. The State Mission Steering Group (SMSG) will be the apex body for providing direction, policy and guidance for the Implementation of the Mission against drug and substance use in the State. The SMSG will meet once in three months and will be responsible for the following tasks.

> Approve Annual State/District Plan.

> Review implementation of plans and related outcome

> Suggest any mid-course correction that may be required in the implementation of the Mission.

> Ensure effective convergence of policy and administration among different Departments.

> Approve recommendations for appointment of Consultants /Experts and functionaries on contractual basis for carrying out the activities under the Mission.

> Any other matters with policy implications affecting the status of drug menace in the State.

> At the District Level, a District Mission Steering Group (DMSG) will be constituted headed by the Deputy Commissioners. The composition and functions of the group is similar to SMSG.

6.1. Substance – Use Prevention Unit

At the State Directorate Mission (Social Welfare), a Substance-Use Prevention Unit will be established under the supervision of the Secretary to the Government of Meghalaya, Social Welfare Department. An IPS officer or Senior Administrator or Civil Officer will be appointed as Mission Director and supported by the Social Welfare Officer (Anti-Drugs) and (5) Five additional staff who will be appointed on contractual basis. The present staff of the Directorate will continue to assist the unit.

It will be responsible for:

> Monthly review: Coordination, Monitoring and Evaluation that can be facilitated through Monthly in-depth review of performance of all relevant departments dealing with drug addiction in the State.

> Dashboards: Create a DASHBOARD or expand access to the DAMS DASHBOARD which can help with effective coordination with all collaborating agencies and regular monitoring to ascertain the outcome envisaged in the Mission Mode.

> Research and Annual plans: Develop research to understand the extent and pattern of substance use in Meghalaya.

> Facilitate the development plan of the De-addiction and Rehabilitation Centres and the capacity building plan.

> Facilitating the development of Standard Treatment, Training Manuals.

The Substance-Use Prevention Unit will also coordinate with districts to collect reports for data collection, follow-ups on random clients and patients referred outside the state who have completed their rehabilitation course, coordinating hotline numbers, uploading on portals etc. and, monitoring & evaluation of activities in the districts.

6.2. Department Coordination

> Aligning service delivery standards and standard treatment guidelines;

> Certification of De-addiction Centres for both Government & Private institutions will be implemented under the Meghalaya Mental Health Act Authority.

> Capacity building programmes will be developed for health care and service providers.

6.3. External Stakeholders

Village Headmen are often the first point of contact for distressed families and will be proactively engaged in early identification, as well as in assisting families in addressing social and economic factors behind addiction.

Other trusted community leaders, such as teachers, religious leaders & traditional healers, will be engaged through community health workers & VHCs, to assist in raising awareness, and early detection of persons at-risk of addiction.

Harm reduction centres that are managed through partners under the Meghalaya AIDS Control Society must be linked and supported by the State and the Community to ensure that epidemics are contained and drug abuse does not become complicated for treatment.

6.4. State Resource Centre

An NGO of repute with adequate experience in the field of Drug Demand Reduction and having a consistently good track record in the State will be designated as State Resource Centre (SRC) for Drug Reduction in the State. The SRC will be responsible for the facilitation of establishment of de-addiction and Rehabilitation Centres in the Districts. The Training for capacity building of professionals/Counsellors can be assigned to this centre. The Centre will be consulted in developing manuals for Standard Treatment, Training Manuals, etc.

6.5. Formation of Youth Against Drug Abuse (YADA) Club

YADA Club will be formed in all the Universities. The YADA and the existing PAHARI (in Schools implemented through the Joint Action Plan) clubs will consist of young activists who will pledge for a Drug free Society in Meghalaya. These groups will be piloted first in the NASHA MUKT DISTRICTS where there are already trained Master Volunteers.

6.6. Involving Village Health Councils

The Village Health Councils (VHCs) will be consulted in identifying at-risk groups in the community. They will be resourceful in the suggestion of locally relevant strategies to prevent drug addiction in the Village. Through the VHCs, suggestions such as advising community members not to smoke indoors and away from children could be propelled.

Identify at-risk groups in the community and provide local suggestions to prevent drug addiction in the village.

Use the VHC to advise community members to refrain from smoking, drugs, etc.

Village Health Councils will serve as the nodal community agency for disseminating information, reducing stigma and providing local social support to addicts and their families.

7. State/District Plans

To ensure effective implementation of the broad framework of the mission, Committees will be set up at State Level and District Level which will then come up with a prospective 5-year plan.

The District Plans will be developed and initiated by the District Mission Teams comprising of Nodal Officers of the concern departments and NGOs facilitated by the District Nodal Officer of the Social Welfare Department.

The plans and activities will be prioritised, presented for approval before the District Mission Steering Group to be headed by the Deputy Commissioner by December of every year. The compilation of District Plans will be done by the Substance Use Prevention Cell at the Directorate of Social Welfare.

The State Plan will be facilitated by the Social Welfare Officer (Anti-Drug) heading the Substance Use Prevention Cell at the Directorate involving Nodal Officers of the concerned department. The State Plan will be approved by the State Mission Steering Committee. The compiled District Plans approved by the different District Mission Steering Group (DMSG) will also be placed before the State Mission Steering Group for approval by January of every year for implementation in the next financial year.

Prioritised activities from The Joint Action Plan (for Children) will also be taken up for approval by the State Mission Steering Group.

8. Broad Framework For Effective Implementation Of The Mission

8.1. State Level Intervention Programmes

A. Social Mobilisation

Sl. No.	Proposed Activities	Implementing Department/ Agency	Supporting Agencies & Department	Process	Outcome
1.	Identify Brand Ambassadors to spread social message against substance use.	Social Welfare Department	Sports & Youth Department Arts & Culture	Youth who have excelled in studies, sports, music and in other spheres will be selected as ambassadors to champion against drug abuse.	Intensify sensitisation programmes by involving Local Icons to spread messages on drugs/substance use through intensive outreach and well-targeted campaigns.

2.	Development of relevant IEC materials as per the need of the State.	Social Welfare, Substance Abuse Prevention Unit	Substance Use Prevention Unit, Expert Consultants.	Local Artists will be encouraged through exhibitions/ competitions of their paintings drawings and this will be selected to form IEC materials. Positive messages will be encouraged.	IEC materials developed that can be used for Campaigns and dissemination of information to the general public.
3.	Innovations.	Line Departments and Consultants.	District Innovations.	District will be allowed to use their flexi funds for innovative projects. Best Practices and proven successful innovations will be scaled up.	Existing activities under RKSK will significantly benefit in creating impact, to keep the youth away from substances. Develop or Organise Campaigns/ Events/Activities (Own or Piggyback) that will promote in creating and spreading awareness among people through widespread publicity.
					Preventive and Awareness Generation on Drug Abuse, Stigma and Discrimination.

4	Advocacy & Addressing Discrimination etc.	Home Department	Social Welfare, Media, NGOs, Drug Users Forum Law	Through Trainings and Sensitisation.	Police, Media, Headmen etc are sensitised while dealing with Drug Users during arrest, etc. to protect from exposure to media, documentation by the public through videos or photographs in order to maintaining confidentiality and also stigmatisation and discrimination.
5.	Workshops, Seminars and Interactions with Parents	Social Welfare & Experts in the field of Addiction	NGOs	Parents of Drug Users from different districts will be invited to the Workshop.	To Provide forums for Parents and equip them with necessary skills

B. Recovery and Care Pathways

Sl. No.	Proposed Activities	Implementing Department/ Agency	Supporting Agencies & Department	Process	Outcome
1.	Setting up of De-addiction/ Rehabilitation, Drop In Centres, Community Peer led Intervention Centres in the State.	Social Welfare	Health, Home Department, Expert NGOs.	Assist NGOs in setting up of De-addiction/ Rehabilitation Centre, Drop In Centres, Community Peer led Intervention Centres in the State and Providing Financial Assistance.	Increase in availability and quality of treatment services and rehabilitation.

2.	Setting up of Detoxification Centres in Government/ Private Health Settings	Health Department	Social Welfare, NGOs	Identify and Train Doctors, Nurses and Counsellors to deal with addiction and related problems. Identify and notify designated hospitals (Government/ Private), CHCs, PHCs to enhance availability of Services and fill the gaps in treatment services by providing free Detoxification to the Users and linking/refer Users to Rehabilitation Centres for treatment.	Number of Detoxification Facilities in the State increased
3.	Toll Free Helpline Number	Social Welfare	Health	Expand on existing helplines to also extend support to alcoholic and drug dependent persons.	Provide Counselling and immediate Assistance to those seeking Professional Help and link potential patients to Treatment/ Counselling Centres. Grievance Redress Mechanism to be developed by the state.

4.	Setting up of Shelter Homes for Children/ Adult	Social Welfare Department	Directorate of Employment & Craftsmen Training & NGOs		Provide a safe place for the street/orphaned/ ostracised children and Adults after completion of treatment processed. Promoting meaningful livelihood activities and employment to instil a sense of purpose and self-esteem in individuals to steer them away from drugs/substance use. Inculcate Basic Education for School Dropout Children.

C. Drug Regulation Law Procedure

Sl. No.	Proposed Activities	Implementing Department/ Agency	Supporting Agencies & Department	Process	Outcome
1.	Conduct Joint Operations and Share information on drugs to effectively tackle drugs menace in the state	Home Department, Custom & Excise		On information and tip-off Joint operations will be conducted.	Implementation of the Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985.

2.	Fast Track Courts/Special Court and provide Legal Assistance to Users	Law, Home Department		The Fast Track Courts will be set up in Districts.	Set up Fast Track Courts or Special Courts for Speedy trials under the Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985.

Address any other issue based on the immediate need and Intervention, the State can address any other issue related to Prevention of Drugs/Substance Abuse & Illicit Trafficking.

D. Implementation Strategy

Sl. No.	Proposed Activities	Implementing Department/ Agency	Supporting Agencies & Department	Process	Outcome
1.	Capacity Building/ Training of various Stakeholders, NGOs, Local Leaders, Faith Based Organisations, etc.	Social Welfare	Health & Expert NGOs, Drug User Forum in the field of Addiction	Social Welfare together with Health Department will develop Training Manual for Sensitisation for Drug Users. Master Trainers of Nasha Mukt and will be used to train teachers and other volunteers. The Ex-users and their testimonies will be used to sensitise people in the community through the Village Health Councils to reduce the stigma.	Sensitisation on addiction problems and the way forward. Intensive training of personnel in the identification, treatment, after-care, rehabilitation and social reintegration of drug users. Creating a pool of trained human resources personnel and service delivery mechanisms. Delivering prevention programmes

					based on scientific evidence, both universal and targeted, in a range of settings (such as schools, families, the media, workplaces, communities, health and social services and prisons). Reduction in Social Stigma and Discrimination.
2.	Training Programmes on De-addiction Counselling and Rehabilitation for Social Workers, Functionaries of De-addiction Centres, Working Professionals, etc.	Social Welfare	Experts in the field of Addiction	Professionals will be sent for training and exposure to NISD and other States.	Capacity Building of People who are directly dealing with clients of drugs/ substance Abuse to enhance their skills.

3.	Develop Standard Operational Procedures for De-addiction centres, NDPS Act of Section 64 A	Social Welfare & Meghalaya State Legal Services Authority		Mental Health Authority.	Laying down standard guideline for government/ private de-addiction centres to follow and recognise such centres as are found to be meeting the standards and guidelines. Uniformity in treatment Protocol. Emphasising human rights and dignity in the context of drug demand reduction efforts. Setting guidelines and protocols for government/ private employees in identifying and assisting employee addicts to undergo treatment. Plea bargaining to bring uniformity and certainty while dealing with cases which prosecutors and investigating officers can follow where immunity is claimed from prosecution under the Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985.

4.	Coordination, Monitoring and Evaluation	Social Welfare	All Line Departments	Through Monthly in-depth review of Performance of all NGOs dealing with Drug Addiction in the State. Follow up of DAMS DASHBOARD	Formation of Core Groups for effective implementation of the Mission Mode. Identification of Nodal Officers to support Drug Abuse Programmes in the State. Effective Coordination with all collaborating agencies and regular monitoring to ascertain the outcome envisaged in the Mission Mode.
5.	Research & Study on the extent and pattern of substance use/abuse in Meghalaya	Social Welfare	Reputed Institutes of the State	Through RFP	The extent, trend and pattern of Substance Use in Meghalaya will be assessed thereby giving more strength and focus on the actions to be taken during the course of the Mission. The hotspot areas will be mapped for Focus intervention.
6.	Linkages with Treatment Centres that cater to Drug Users- Targeted Intervention, Integrated Counselling and Testing Centres, Community Resource Groups.	Meghalaya AIDS Control Society	Health Department	Networking and sharing of expertise among Service Providers.	Harm Reduction Centres are linked and Supported by the State and the Community to ensure that epidemics are contained and drug abuse does not be complicated for treatment.

7.	Certification of De-addiction Centres Government/ Private under Meghalaya Mental Health Act Authority.	Health	Social Welfare	Standardisation and quality control in services being delivered by framing Standard Operating Procedures.	Help in identification of Model treatment and rehabilitation centres and, recognition of performance in the form of Awards for motivation and also create a benchmark in drug demand reduction services and eventually share expertise with the existing service providers.
8.	Using data & analytics for effective follow up	Social Welfare	Expert Consultants	Developed Software that can be logged in by all Service Providers to Monitor the number of Drug Abusers registered for treatment, Completed Treatment, Relapsed by name.	Provide Unique Identification to the users to avail treatment and also keep a track or check on the number of cases and avoid duplicity of the Users registered in treatment/ Rehabilitation centres.

8.2. District Level Intervention Programmes

A. Social Mobilisation

Sl. No.	Proposed Activities	Implementing Department/ Agency	Supporting Agencies & Department	Process	Outcome
1.	Formation of Student Police Cadets (SPC)	Home Department, Education, SMC	Social Welfare	Youth oriented programme where SPCs from certain schools are trained by police personnel and teachers on law and order.	SPCs become Peer Educators to advocate messages on drugs.
2.	Sensitisation Programmes for Various Line Departments, NGOs, Stakeholders in the District	District Level Steering Committee	Line Department & NGOs.	At State Level and District– Cascading	Sensitisation on addiction problems and the way forward for a comprehensive approach Delivering prevention programmes based on scientific evidence, both universal and targeted, in a range of settings (such as schools, families, the media, workplaces, communities, health and social services and prisons).
3.	Awareness generation programmes at workplaces.	All Department & NGOs			Reduced instances of substance use at workplaces and increases productivity of employees.

4.	Intervention Programmes in Educational Institutions for Life skill Development on Ill Effects of Drugs and Pledge Against Drugs	Education Department, Health & NGOs		Life Skill activities can be organised every Tuesday, identified as Health and Wellness Day under RKSK.	Use & Hands on training on How to deal with Overdose management for different age groups and class. Early identification of the problem for early intervention and prevention. Weaning Youths away from Drug Abuse. Reducing Stigmatization & Discrimination, creating a platform where children can address their concerns. Existing programmes such as RKSK, will be strengthened and generate better effectiveness.
5.	Awareness Programmes for School Dropouts in high risk and vulnerable area	Education	Social Welfare, Health Department, Line Departments and NGOs		Prevention of Substance Use & Coverage of high risk and vulnerable area.

6.	Organise and Promote Sports activities/ competitions for Youths as well as the general Public	Sports and Youth Affairs	Education, NGOs	Sports and recreation activities can be organised every Tuesday, identified as Health and Wellness Day under RKSK.	Develop innovative ideas to promote sports activities for healthy living and well-being of individuals. Organise recreational activities in identified localities Identify Sports Icon to spread the messages on the Ill Effects of Drugs. Innovate ideas to display and advocate messages on the Ill Effects of Drugs Use and Addiction related Problems during State or District Events. Existing programmes such as RKSK, are conveniently leveraged to effectively create awareness.
7.	IEC Campaigns	Substance Use Prevention Unit and expert consultants	Social Welfare, Line Departments, NGOs & Media		Advertise and Spread the Messages on Drugs/ Substance Abuse through various Social, Print & Electronic Media etc. Piggy Back on Important State/ District Events.

8.	Advocacy & Addressing Discrimination, Etc.	Social Welfare, Law, Home Department, Media, NGOs, Drug Users Forum			Sensitisation of Police, Media, Headmen, etc. while dealing with Drug Users during arrest, etc. to protect from exposure to media, documentation by the public through videos or photographs in order to maintain confidentiality and also stigmatisation and discrimination.

B. Recovery And Care Pathways

Sl. No.	Proposed Activities	Implementing Department/ Agency	Supporting Agencies & Department	Process	Outcome
1.	Setting up of De-addiction Centres for Men, Women, Children in Vulnerable Districts as identified by the Ministry of Social Justice & Empowerment, prison Settings, Observation Homes and, also in Districts where there is no facility of De-addiction Centres.	Deputy Commissioner, Social Welfare, Health, Home Department & NGOs			Send recommendations to the state regarding viable NGOs/ Institutions for setting up of the Centres at the identified Districts. Monitoring of the activities and management of the Centres.

2.	Setting up of Shelter Homes for Children/ Adults at the District	Social Welfare Department, Directorate of Employment & Craftsmen Training & NGOs			Provide a safe place for the street/ orphaned/ostracised children and Adults after completion of treatment processed. Promoting meaningful livelihood activities and employment to instil a sense of purpose and self-esteem in individuals to steer them away from drugs/substance use. Inculcate Basic Education for School Dropout Children.
3.	Intervention Programmes in Educational Institutions for Life skill Development on Ill Effects of Drugs and Pledge Against Drugs	Education Department, Health & NGOs			Use & Hands-on training on how to deal with overdose management for different age groups and class. Early identification of the problem for early intervention and prevention. Weaning Youths away from Drug Abuse. Reducing Stigmatization & Discrimination, creating a platform where children can address their concerns.

4.	Counselling Cell in Educational Institutions	Education Department	Reputed Institutions	The Schools will be encouraged to identify teachers who can be trained Counsellors.	Ensure creation of Counseling cells in Educational Institutions and appointment of Counsellors/ Teachers for counseling and referral of students when in need.
5.	Vocational Training or Skill Development for Livelihood opportunities	Directorate of Employment, MSSDS & Craftsmen Training, Labour Department, District Industries and Commerce, NGOs, etc.			Promoting meaningful livelihood activities and employment to instil a sense of purpose and self-esteem in individuals to steer them away from drugs. Reduction in Social Stigma and Discrimination.
6.	Toll Free Helpline Numbers	Social Welfare			Provide instant counseling and immediate assistance to those seeking Professional Help and link potential clients to Treatment/ Counseling Centres. Grievance Redress Mechanisms to be developed by the district.

C. Drug Regulation Law Procedure

1.	Strengthen Drug Supply Reduction	Home Department, Custom & Excise			Implementation of the Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985. Conduct Joint Operations and Share information on drugs to effectively tackle drugs menace in the state. Setting up of dedicated NDPS Cell at every District. Provision of dedicated vehicles, Vehicle Scanners, Narcotic Sniffer Dogs in each ANTF District. Provision of hotline between District ANTF, NDPS Weighing Kit and latest technology to ANTF. Strengthening of surveillance at entry and exist points and popular routes of the state. Support initiatives and actions taken up by the police.

2.	Fast Track Courts/Special Court and provide Legal Assistance to Users in the Districts	Law, Home Department			Setting up of Fast Track Courts or Special Courts for Speedy trials under the Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985.
3.	Coordination with implementing agencies for controlling sale of drugs	District Administration, District Drug Control Authority, Health Department.			Monitoring and implementation of selling of Schedules H and X Drugs. Mandatory installation of CCTV cameras with Internet connection of recordings of medical/pharmacy stores selling Schedules H and X drugs. Monitoring sale of drugs to minors and without prescription.

4.	Designated Smoking Zones	Social Welfare, Deputy Commissioners & NGOs			Creating an environment of self-discipline and individual responsibility. Limit second-hand smokers' exposure to non-smokers. Discourage individuals from starting the use of tobacco, encourage users to quit and support their efforts. Reduce the adverse health consequences of tobacco by substantially reducing toxins to which users are exposed through their tobacco products. Expand clean air non- smoking policies to protect non-smokers and support prevention and cessation efforts.

D. Implementation Strategy

1.	Capacity Building for Service Providers.	Line Departments and NGOs			Intensive training of personnel in the identification, treatment, after-care, rehabilitation and social reintegration of drug users. Creating a pool of trained human resources personnel and service delivery mechanisms. Understanding the designated roles in implementation and service delivery.
2.	Linkages with Treatment Centres that cater to Drug Users-Targeted Intervention, Integrated Counselling and Testing Centres, Community Resource Groups	Health Department & Meghalaya AIDS Control Society			Networking and sharing of expertise among Service Providers. Harm Reduction Centres be linked and supported by the State and the Community to ensure that epidemics are contained and drug abuse does not be complicated for treatment.

3.	Coordination, Monitoring and Evaluation	Social Welfare			Formation of Core Groups for effective implementation of the Mission Mode. Identification of Nodal Officers to support Drug Abuse Programmes in the State. Effective Coordination with all collaborating agencies and regular monitoring to ascertain the outcome envisage in the Mission Mode.

4.	Strengthen of Village Health Councils for Prevention of Drugs/ Substance Abuse and Illicit Trafficking with active involvement of the Local Headmen, Mothers Union, Youths, Drug Users Forum, etc.	Deputy Commissioners	Line Departments	Intensifying sensitization programmes in villages and Urban areas. Involvement of stakeholders at the community level to deliver Drug Demand Reduction Programmes. Involvement of Youth in preventive education programmes. To identify victims of Drug Abuse and families in order to address, prevent and intervene at the earliest to prevent escalation of the problem in the jurisdiction of the respective locality. To sensitise and refer users to seek Professional help and Counselling etc. Help in identifying hotspot areas and increase vigilance in the localities.	Towards creating drug free villages in the State of Meghalaya.
5.	Training of Teachers and counsellors on different assessment tools	Education, Health, Social Welfare & NGOs			Education Department to identify Teachers/ Counsellors for training. Health & Expert NGOs to train in Early identification of Substance use and associated factors, Counselling etc.

Address any other issue based on the immediate need and Intervention, the District can address any other issue related to Prevention of Drugs/Substance Abuse & Illicit Trafficking.

Refer : Annexure III Guidelines for Submission of plans for DREAM by the Districts.

9. Operational Cost

The operational cost for the implementation of the elimination of Drugs/Substance use is Rupees Ten (10) Crore per annum which works out to Rupees Fifty Crore for Five Years.

Year Wise	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total
Amount	Rs. 5 Cr	Rs.15 Cr	Rs. 10 Cr	Rs.10 Cr	Rs.10 Cr	Rs. 50 Cr

9.1. Budget Allocation For State & District Level

Sl. No.	Name of District	Number of Blocks (Nos)	Amount Allocation (Rs. In Lakhs) For 6 Months	Amount Allocation (Rs. In Lakhs) Per Annum For 2nd Year	Amount Allocation (Rs. In Lakhs) Per Annum For 3rd - 5th Year
1	State Level		300	1035	500
2	East Khasi Hills	11 + 1 Urban	25	60	66
3	West Garo Hills	7	23	55	60
4	West Jaintia Hills	3	22	47	50
5	South Garo Hills	4	18	47	48
6	East Jaintia Hills	2	15	40	42
7	West Khasi Hills	2	15	40	42
8	South West Khasi Hills	2	15	30	32
9	Eastern West Khasi Hills	2	10	23	25
10	Ri-Bhoi	4	21	43	47
11	East Garo Hills	3	12	30	32
12	North Garo Hills	3	12	25	28
13	South West Garo Hills	3	12	25	28
Total		**47**	**500**	**1,500**	**1,000**

9.2. Budget Summarisation

Sl. No.	1st YEAR	BUDGET
1.	Setting up of 1 De-Addiction for Males in West Garo Hills District	91,14,750
2.	Setting up of 1Detoxification Centre in Ri-Bhoi District	1,53,28,328
3.	Substance-Use Prevention Cell Staff Salary	18,40,000
4.	Treatment and Rehabilitation outside the state	16,00,00
5.	Implementation of State & District Level Mission Mode Activities	2,35,56,922
6.	**GRAND TOTAL**	**5,00,00,000**

Sl. No.	2nd YEAR	BUDGET
1.	Setting up of 1 De-Addiction for Female in West Jaintia Hills	56,44,500
2.	1 Detoxification Centre in West Jaintia Hills and 1 West Garo Hills District	3,06,56,656
3.	Setting up of 3 Outreach & Drop-In Centres in Ri-Bhoi, West Khasi Hills and West Garo Hills Districts	51,24,000 (17,08,000 x 3)
4.	Setting up of 4 Community Peer Led Intervention in West Garo Hills, Ri-Bhoi, East Jaintia Hills and South West Khasi Hills	88,48,000 (22,12,000 x 4)
5.	Setting up of 3 De-addiction Centres at Prison Setting in West Jaintia Hills, West Garo Hills and Ri-Bhoi District	63,15,000 (21,05,000 x 3)
6.	Substance-Use Prevention Cell Staff Salary	26,40,000
7.	Recurring Expenditure for De-addiction Centre, Detoxification Centre	1,08,84,000
8.	Treatment and Rehabilitation outside the state	4,80,000
9.	Implementation of State & District Level Mission Mode Activities	7,94,07,844
9.	**GRAND TOTAL**	**15,00,00,000**
Sl. No.	**3rd – 5th YEAR**	**BUDGET**
1.	Recurring Expenditure for De-addiction Centres, Detoxification Centres, CPLI, ODIC & Prison Settings	4,02,67,750
2.	Substance-Use Prevention Cell Staff Salary	26,40,000
3.	Treatment and Rehabilitation outside the state	3,20,000
4.	Implementation of State & District Level Mission Mode Activities	5,67,72,250
5.	**GRAND TOTAL**	**10,00,00,000**

ANNEXURE I

LIST OF TREATMENT & REHABILITATION CENTRE, ATFs, CPLIs, ODICs IN MEGHALAYA

Sl. No.	Name of Institution	Address and Contact Number	Contact Person	Remarks
1.	Kripa Foundation De-Addiction Centre for Children (Males)	Mawdiangdiang, New Shillong (M): 6909369388	Smti. Mebashisha Nongrum, Centre In-charge cum Counsellor	Supported by the Social Welfare Department Through PPP Mode It is the 1st De-Addiction centre for children in the North East. Free Detoxification, Treatment & Rehabilitation is being provided.
2.	Breakthrough Centre	Khliehtyrshi Village, Jowai (M): 8731098416	Shri Shaphrang Hiwot Dkhar, Coordinator	Supported by the Social Welfare Department Free Treatment is being provided.
3.	KJPA New Hope De-Addiction Centre	Mawdiangdiang, New Shillong (M):7085960258 (M) 9436111130	Rev. N. S. Phawa, Senior Adm. Secy. & Mrs. K. Syiemlileh, Project in Charge	Supported by MoSJE (IRCA) Free Treatment is being provided to the BPL Users.
4	KJPA New Hope De-Addiction Centre for Females	Mawdiangdiang, New Shillong (M):9612617331	Rev. P. Hynniewta, Senior Adm. Secy.	Supported by The Social Welfare Department. Free Treatment is being provided.
5	KJPA (SELDA) Centre for Girls	Nongstoin (M) 9402508117	Mr. O. PASSAH Project Officer	Supported by The Social Welfare Department Free Treatment is being provided.
6	Kripa Foundation	Nongsder, Ri-Bhoi (M): 7005629460	Shri Sherrard Wallang, Project Co-ordinator	Private and Free Treatment is being provided to BPL families depending on Sponsorship/Donations
7	New Life De-Addiction Centre	Umjarain, Mawtawar, Shillong (M): 9612617331 (M) 8837469280	Rev. N. M. Iangrai	Private
8	Wisdom Centre	Umdihar, Ri-Bhoi (M): 7005016988	Shri David Jamir, Director	Private
9	Thio Rehabilitation Centre	Langumshing, Nongstoin (M):8787869559 (M) 6009914615	Smti. Daplin Wahlang, Director	Private
10	Sanker	Mawlai, Mawroh, Shillong (M) 9612684235	Bah Lam	Private

GOVERNMENT DETOXIFICATION HOSPITAL				
Sl. No.	**Name of Institution**	**Address**	**Contact Person**	**Remarks**
1	Shillong Civil Hospital, Shillong	Laban, East Khasi Hills District (M) 9774064561, (O) 03642224100	Dr. A. K. Roy, Psychiatrist	Free Detoxification
ADDICTION TREATMENT FACILITY (ATFs)				
Sl. No.	**Name of Institution**	**Address**	**Contact Person**	**Remarks**
1	Tura Civil Hospital Addiction Treatment Facility	Dermile, Tura West Garo Hills District (O) 03651-232076	Dr. Bollen Sangma Psychiatrist	Supported by MoSJE where Free Treatment is being provided.
2	Civil Hospital Jowai, Addiction Treatment Facility (OPD)	West Jaintia Hills District (M) 7005504373	Dr. Paswett	Out Patient Treatment only
3	Civil Hospital Baghmara, Addiction Treatment Facility (OPD)	South Garo Hills District (M) 9199841704	Dr. Augusta	Out Patient Treatment only
COMMUNITY PEER LED INTERVENTION (CPLI)				
1.	Khasi Jaintia Presbyterian Assembly Social Economic Life Development Association	KJPA Conference Hall, IGP, Central Ward, Shillong (M) 9863635607	Mr. O. PASSAH, Project Officer	Supported by MoSJE
OUTREACH & DROP IN CENTRES (ODICs)				
1	Manbha Foundation Outreach & Drop In Centre (ODIC)	Mynthong, Jowai, West Jaintia Hills (M) 9863069167	Bah Tony	Supported by MoSJE
2	Kripa Foundation Outreach & Drop In Centre (ODIC)	Upper Lachumiere, Shillong (M) 7005773990	Dr. Ghosh	Supported by MoSJE

ANNEXURE II

NORMS FOR SETTING UP OF A 15 BEDDED DE-ADDICTION CENTRE FOR WOMEN

A. STAFFING PATTERN

Sl. No.	Name of the Post	No. of Post	Monthly Expenditure	Yearly Expenditure	Minimum Qualification
1.	Project Coordinator cum Centre In-Charge (Residential)	1	25,000	3,00,000	Graduate with experience of managing such centres for a minimum period of 3 years or demonstrable capability for running such centres and having working knowledge of computers.
2.	Accountant cum Clerk	1	12,000	1,44,000	Graduate with knowledge of accounts, tally and working knowledge of computers.
3.	Cook (inclusive of meals at the centre)	1	10,000	1,20,000	
4.	Kitchen Helper (inclusive of meals at the centre)	1	7,500	90,000	
5.	Security	3	10,000 x 3=30,000	3,60,000	
6.	House Keeping Staff (Full Time)	2	7,000 x 2=14,000	1,68,000	
TOTAL A		**9**	**98,500**	**11,82,000**	
B. MEDICAL DEPARTMENT					
1.	Part Time Doctor	1	25,000	3,00,000	Doctors should essentially be qualified as MBBS and also hold a Training Certificate in Addiction Medicine from a Recognized Institute.
2.	Nurse	2 (1 Resi-dential)	15,000 x 2 = 30,000	3,60,000	Nurses should be qualified as Auxiliary Nurse Midwife (ANM) and trained by a recognized government medical Institution.

					New recruitment (i.e. Future recruitment): A qualified nurse with GNM/B.Sc. nursing degree and should be willing to be trained by the agency, as decided by MoSJE.
3.	Ward Girls	2	12,000 x 2 =24,000	2,88,000	Class 8 passed preferably experienced in such centres. New recruitment (i.e., future recruitment): Class 8 Passed with experience of working in Hospitals/ Health Care Centres/de-addiction centres.
TOTAL B		**5**	**79,000**	**9,48,000**	

C. REHABILITATION DEPARTMENT					
1.	Counsellor/ Social Worker	1	20,000	2,40,000	Graduate in any discipline with 3 years experience in the field. She/he must hold a Certificate of three months Training Course in de-addiction counseling by NISD and should have knowledge of English as well as one regional language. For New Recruitment (i.e. future recruitment): Graduate in social sciences preferably in Social Work/ Psychology with 1-2 years experience in the field and should have knowledge of English as well as one regional language. Preference shall be given to the person holding a Certificate of Training Course in de-addiction counselling from recognized institution language.

2.	Counsellor (MSc. Psychology)	1	20,000	2,40,000	Graduate in any discipline with 3 years experience in the field. She/he must hold a Certificate of 3 months Training Course in de-addiction counselling and should have knowledge of English as well as one regional language. For New Recruitment (i.e. future recruitment): Graduate in social sciences preferably in Social Work/ Psychology with 1-2 years experience in the field and should have knowledge of English as well as one regional language. Preference shall be given to the person holding a Certificate of Training Course in de-addiction counselling from recognized institution.
3.	Gynaecologist on-call	1	5,000	60,000	
4.	Recreational Teacher (Part Time) (Yoga, Music, Art, PT, Etc.)	1	6,000	72,000	Possessing experience of at least three years in the discipline.
5.	Life Skill Trainer/ Teacher (Part Time)	1	6,000	72,000	Possessing experience of at least three years in the discipline.
6.	Support for Children of Residents	1	5,000	60,000	
7.	Peer Educator	1	10,000	1,20,000	Should be literate; Ex-drug user with 1-2 years of sobriety, Willing to work among drug using population and having communication skills. Agrees to refrain from using, buying, or selling drugs; Ready to

					work for the prevention of harmful drug use and relapse.
TOTAL C		**4**	**72,000**	**8,64,000**	

D. ADMINISTRATIVE AND OTHERS					
1.	Rent		Rural-20,000 Urban-50,000	2,40,000 (Rural) 6,00,000 (Urban)	
2.	Medicines		15,000	1,80,000	
3.	Contingencies (Stationery, Electricity, telephone, Internet, Postage, Maintenance and replacement of bed, Linen, Bathroom essentials for patients etc.)		12,000	1,44,000	
4.	Transport (Petrol, Maintenance of Vehicle and producing children to CWC)		20,000	2,40,000	
5.	In-house Kitchen Expenditure @ Rs.175 per day for 3 meals for 15 inmates + 8 Residential Staff =23		1,20,750	14,49,000	
6.	Materials for Recreational Activities		5,000	60,000	
7.	Personal health and hygiene supplies (includes clothes, toiletries, Sanitary items etc.	15	@Rs.500 x 15 =7,500	90,000	
			2,00,250 (Rural) 2,30,250 (Urban)	24,03,000 (Rural) 27,63,000 (Urban)	

E. DETOXIFICATION TREATMENT

Sl. No.	No. of Patients	Periods of Detoxification	Cost	Per Person/ Month	Yearly
1.	12 Narcotic Users	10-15 days	1200 per day	12,000 x 12 = 1,44,000 - 18,000 x 12 =2,16,000	5,76,000 - 8,64,000
2.	03 Alcoholic Users	7-10 days	1000 per day	7,000 x 3 = 21,000 - 10,000 x 3 = 30,000	84,000 - 1,20,000
				TOTAL	**6,60,000 - 9,84,000**

* The target for detoxification of In-patient Department is 60 per year i.e. per month 15 clients for 90 days Rehabilitation Programme. The number of days for detoxification will depend on the severity of the client's case and the financial assistance provided will depend on the number of days required for detoxification treatment.

F. NON-RECURRING EXPENDITURE:

Admissible during the setting-up of the Centre and also a period of five years subject to approval after condemnation report by the department.

20 Beds (15 for Patients, 5 for Residential Staff, tables, 3 Sets of Linen, Blankets, office Furniture/Kitchen & Medical Equipment's /Computer/ Refrigerator, etc.	7,00,000
1 Biometric Attendance System	10,000
Installation of CCTV Cameras (16 Nos.)	75,000
Total	**7,85,000**

Sl. No.	Cost	Total
1.	Recurring Cost	63,81,000 (Rural) 67,41,000 (Urban)
2.	Non- Recurring	7,85,000
Grand Total		**71,66,000 (Rural)** **75,26,000 (Urban)**
75% CONTRIBUTION FROM STATE SHARE		**53,74,500 (Rural)** **56,44,500 (Urban)**
25% CONTRIBUTION FROM NGOs/INSTITUTIONS		**17,91,500 (Rural)** **18,81,500 (Urban)**

ALL STAFF EMPLOYED IN THE CENTRE MUST BE FEMALES ONLY

NORMS FOR SETTING UP OF A 30 BEDDED DE-ADDICTION CENTRE FOR MEN

1. RECURRING EXPENDITURE

A. STAFFING PATTERN

Sl. No.	Name of the Post	No. of Post	Monthly Expenditure	Yearly Expenditure	Minimum Qualification
1.	Project Coordinator cum Centre In-Charge (Residential)	1	25,000	3,00,000	Graduate with experience of managing such centres for a minimum period of 3 years or demonstrable capability for running such centres and having working knowledge of computers.
2.	Accountant cum Clerk	1	12,000	1,44,000	Graduate with knowledge of accounts, tally and working knowledge of computers.
3.	Cook (inclusive of meals at the centre)	1	10,000	1,20,000	
4.	Kitchen Helper (inclusive of meals at the centre)	2	7,500 x 2 = 15,000	1,80,000	
5.	Security	4	10,000 x 4 = 40,000	4,80,000	
6.	Cleaner	4	7,000 x 4 = 28,000	3,36,000	
TOTAL A		**13**	**1,30,000**	**15,60,000**	
B. MEDICAL DEPARTMENT					
1.	Part Time Doctor	1	25,000	3,00,000	Doctors should essentially be qualified as MBBS and also hold a Training Certificate in Addiction Medicine from a Recognized Institute.
2.	Nurse	3 (1 Residential)	15,000 x 3 = 45,000	5,40,000	Nurses should be qualified as Auxiliary Nurse Midwife (ANM) and trained by a recognized government medical Institution. New recruitment (i.e. future recruitment): A qualified nurse with GNM/B.Sc. nursing degree and should be willing to be trained by the agency, as decided by MoSJE.

3.	Ward Boy	2 (1 Residential)	12,000 x 2 = 24,000	2,88,000	Class 8 passed preferably experienced in such centres. New recruitment (i.e. future recruitment): Class 8 passed with experience of working in Hospitals/Health Care centres/de-addiction centres.
TOTAL B		**6**	**94,000**	**11,28,000**	

C. REHABILITATION DEPARTMENT					
1.	Counsellor (MSc. Psychology)	2	20,000 x 2 = 40,000	4,80,000	Graduate in any discipline with 3 years experience in the field. She/he must hold a Certificate of three months Training Course in de-addiction counselling and should have knowledge of English as well as one regional language. For New Recruitment (i.e. future recruitment): Graduate in social sciences preferably in Social Work/Psychology with 1-2 years experience in the field and should have knowledge of English as well as one regional language. Preference shall be given to the person holding a Certificate of Training Course in de-addiction counselling from recognized institution.

2.	Counsellor/ Social Worker	2	20,000 x 2 = 40,000	4,80,000	Graduate in any discipline with 3 years experience in the field. She/he must hold a Certificate of 3 months Training Course in de-addiction counseling and should have knowledge of English as well as one regional language. For New Recruitment (i.e. future recruitment): Graduate in social sciences preferably in Social Work/Psychology with 1-2 years experience in the field and should have knowledge of English as well as one regional language. Preference shall be given to the person holding a Certificate of Training Course in de-addiction counselling from recognized institution.
3.	Recreational Teacher (Yoga, Music, Art, PT, Etc.)	1	6,000	72,000	Possessing experience of at least three years in the discipline.
4.	Life Skill Trainer/Teacher	1	6,000	72,000	Possessing experience of at least three years in the discipline.
5.	Peer Educator	2	10,000 x 2 = 20,000	2,40,000	Should be literate; Ex-drug user with 1-2 years of sobriety, Willing to work among drug using population and having communication skills. Agrees to refrain from using, buying, or selling drugs; Ready to work for the prevention of harmful drug use and relapse
TOTAL C		**8**	**1,12,000**	**13,44,000**	
D. ADMINISTRATIVE AND OTHERS					
1.	Rent		Rural- 50,000 Urban- 1,20,000	6,00,000 (Rural) 14,40,000 (Urban)	
2	Medicines		25,000	3,00,000	

3	Contingencies (Stationery, Electricity, telephone, Internet, Postage, Maintenance and replacement of bed, Linen, Bathroom essentials for patients etc)		18,000	2,16,000	
4	Transport (Petrol and Maintenance of Vehicle)		25,000	3,00,000	
5	In-house Kitchen Expenditure @ Rs.175 per day for 3 meals for 30 inmates + 10 Residential Staff = 40		2,10,000	2,52,000	
6	Materials for Recreational Activities		10,000	1,20,000	
			3,38,000 (Rural) 40,80,000 (Urban)	40,56,000 (Rural) 48,96,000 (Urban)	

E. DETOXIFICATION TREATMENT

Sl. No.	No. of Patients	Periods of Detox-ification	Cost	Per Person/ Month	Yearly
1.	20 Narcotic Users	10-15 days	1,200 per day	12,000 x 20 =2,40,000-18,000 x 20 =3,60,000	9,60,000 - 14,40,000
2.	10 Alcoholic Users	7-10 days	1,000 per day	7,000 x 10= 70,000 -10,000 x 10 =1,00,000	2,80,000 - 4,00,000
TOTAL					**12,40,000 - 18,40,000**

* The target for detoxification of In-patient Department is 120 clients per year i.e. per month 30 clients for 90 days Rehabilitation Programme. The number of days for detoxification will depend on the severity of the client's case and the financial assistance provided will depend on the number of days required for detoxification treatment.

F. NON-RECURRING EXPENDITURE:	
Admissible during the setting-up of the Centre and also a period of five years subject to approval after condemnation report by the department.	
30 Beds (30 for Patients,7 for Residential Staff, tables, 3 Sets of Linen, Blankets, office Furniture/Kitchen & Medical Equipments/Computer/ Refrigerator, etc.	12,25,000
1 Biometric Attendance System	10,000
Installation of CCTV Cameras (32 Nos.)	1,50,000
Total	**1,38,5000**

Sl. No.	Cost	Total
1.	Recurring Cost	99,28,000 (Rural) 1,07,68,000 (Urban)
2.	Non- Recurring	1,38,5000
Grand Total		**1,13,13,000 (Rural)** **1,21,53,000 (Urban)**
75% CONTRIBUTION FROM STATE SHARE		**84,84,750 (Rural)** **91,14,750 (Urban)**
25% CONTRIBUTION FROM NGOs/INSTITUTIONS		**28,28,250 (Rural)** **30,38,250 (Urban)**

FINANCIAL ASSISTANCE FOR TREATMENT & REHABILITATION OUTSIDE THE STATE

The budget on treatment outside the State is Rs. 32,000 per person. The Social Welfare Department will fix the targets for the total number of beneficiaries as per need and assessment.

NORMS FOR SETTING DE-ADDICTION CENTRE FOR PRISON SETTING

1. RECURRING EXPENDITURE

A. STAFFING PATTERN

Sl. No.	Name of the Post	No. of Post	Monthly Expenditure	Yearly Expenditure	Minimum Qualification
1.	Project Coordinator	1	25,000	3,00,000	Graduate with experience of managing such centres for a minimum period of 3 years or demonstrable capability for running such centres and having working knowledge of computers.
2.	Accountant cum Clerk	1	12,000	1,44,000	Graduate with knowledge of accounts, tally and working knowledge of computers.
3.	Cook	1	TO BE PROVIDED BY PRISON AUTHORITY		
4.	Security	2			
5.	Cleaner	1			
TOTAL A		**6**	**37,000**	**4,44,000**	
B. MEDICAL DEPARTMENT					
1.	Medical Officer/ Psychiatrist (Part Time)	1	TO BE PROVIDED BY PRISON AUTHORITY		
2.	Nurse	2	15,000 x 2 = 30,000	3,60,000	Nurses should be qualified as Auxiliary Nurse Midwife (ANM) and trained by a recognized government medical Institution. New recruitment (i.e. future recruitment): A qualified nurse with GNM/B.Sc.

					nursing degree and should be willing to be trained by the agency, as decided by MoSJE.
3.	Ward Boy	1	12,000	1,44,000	Class 8 Passed preferably experienced in such centres. New recruitment (i.e. future recruitment): Class 8 passed with experience of working in Hospitals/Health Care Centres/de-addiction centres.
TOTAL B		**4**	**42,000**	**5,04,000**	

C. REHABILITATION DEPARTMENT					
1.	Counsellor (MSc. Psychology)	1	20,000	2,40,000	Graduate in any discipline with three years experience in the field. She/he must hold a Certificate of three months Training Course in de-addiction counselling by NISD and should have knowledge of English as well as one regional language. For New Recruitment (i.e. future recruitment): Graduate in social sciences preferably in Social Work/ Psychology with 1-2 years experience in the field and should have knowledge of English as well as one regional language. Preference shall be given to the person holding a Certificate of Training Course in de-addiction counselling from recognized institution.
2.	Life Skill Trainer/Teacher	1	6,000	72,000	Possessing experience of at least three years in the discipline.
3.	Peer Educator	1	10,000	1,20,000	Should be literate; Ex-drug user with 1-2 years of sobriety, Willing to work among drug using population and having communication skills. Agrees to refrain from using, buying, or selling drugs; Ready to work for the prevention of harmful drug use and relapse.
TOTAL C		**3**	**36,000**	**4,32,000**	
D. ADMINISTRATIVE AND OTHERS					
1.	Rent		TO BE PROVIDED BY PRISON AUTHORITY		
2.	Medicines		10,000	1,20,000	
3.	Contingencies		10,000	1,20,000	
4.	In-house Kitchen Expenditure		TO BE PROVIDED BY PRISON AUTHORITY		
5.	Materials for Rec-reational Activities		5,000	60,000	
TOTAL D			**25,000**	**3,00,000**	

2. NON-RECURRING EXPENDITURE:

Admissible during the setting-up of the Centre and also a period of five years subject to approval after con-demnation report by the department.

Non-Recurring Expenditure:	3,50,000
Installation of CCTV Cameras	75,000
Total	**4,25,000**

Sl. No.	Cost	Total
1.	Recurring Cost	16,80,000
2.	Non - Recurring	4,25,000
Grand Total		**21,05,000**

All Rehabilitation Centres should follow the MoSJE Guidelines under National Action Plan for Drug Demand Reduction until the State Standard Operational Protocols have been implemented.

NORMS FOR SETTING UP OF DETOXIFICATION CENTRE

1. EQUIPMENTS REQUIRED FOR DETOXIFICATION(NON-RECURRING)

Sl. No.	Particular	Quantity	Rate	Total
i. Detoxification				
1	Stethoscope	3	350	1,050
2	Thermometer	4	250	1,000
3	Weighing Machine	2	1,400	2,800
4	Torch	4	300	1,200
5	Tongue depressor	10	350	3,500
6	B.P apparatus	4	2,500	10,000
7	IV sets	100	100	10,000
8	Sticking plaster strips	20	300	6,000
9	Hot water bag	4	210	840
10	Ice bag	4	250	1,000
11	Bed pan	4	899	3,596
12	Urine pot	4	180	720
13	Enema set	4	600	2,400
14	Rubber catheters no.3/6/8/10	20	300	6,000
15	Dressing Tray	4	290	1,160
16	Plain/toothed forceps	12	100	1,200
17	Suture cutting scissors	12	582	6,984
18	Needle holders	12	400	4,800
19	Side table	4	5,000	20,000
20	Chairs	8	2,500	20,000
21	IV Stands	6	2,100	12,600
22	ICU bed semi motorized	1	1,89,461	1,89,461
23	Crash cart	2	55,600	1,11,200
24	Emergency and recovery trolley	2	76,890	1,53,780
25	Instrument trolley	2	18,352	36,704
26	Soiled linen trolley	2	9,500	19,000
27	Portable oxygen trolley	2	7,989	15,978
28	Revolving stool ss	4	6,500	26,000
29	30 KVA/1hr backup online UPS with two years warranty, 32pcsx100 Ah battery, wiring for connection of UPS	1	5,75,000	5,75,000
30	Air conditioner split 2 Ton	4	60,000	2,40,000
31	Refrigerators (Cold storages)	2	15,000	30,000
32	Modular monitors	2	4,89,500	9,79,000
33	Defibrillator with pacing	1	5,25,000	5,25,000
34	Blood gas analyzer	1	6,65,000	6,65,000
35	Electrolyte analyzer	2	4,89,560	9,79,120
36	ECG machine (12 leads) with culprit artery software and stemi	1	2,65,500	2,65,500

37	Volumetric infusion pump	2	85,000	1,70,000
38	Blood and fluid warmer	2	7,500	15,000
39	Syringe infusion pump	2	95,000	1,90,000
40	Nerve stimulator	1	1,95,500	1,95,500
41	Medical emergency lights for OT	1	2,68,500	2,68,500
42	Transport ventilator	1	85,690	85,690
43	Suction machine for OT	1	25,690	25,690
44	DG set with AMF panel 60 KVA	1	6,65,890	6,65,890
45	Air mattress	6	6,000	36,000
46	Cupboards	6	10,200	61,200
47	Side Tables	6	8,000	48,000
48	Beds	6	7,000	42,000
49	Waterproof Mattresses	6	4,000	24,000
50	Bed Screen (3 fold with curtains)	6	9,131	54,786
51	Linen (150 gsm/meter)	40m	400	16,000
52	Pillows	6	200	1,200
53	Curtains	10	1,000	10,000
54	Fans	5	3,000	15,000
55	AC (Whirlpool 1.5 Ton 5 star Inverter) For ICU	2	40,000	80,000
56	Emergency Lights	5	1,000	5,000
57	Washing Machine & Dryer	1	65,000	65,000
TOTAL				**70,02,049**
ii. Path Lab Equipments				
46	HIV test kits (50T/pack)	8	4,000	32,000
47	Urine analyzer U120	1	36,999	36,999
48	10 Panel Drug Testing kit 10 per pack (AMP, BAR, BZO, COC, MET, THC, PCP, MDPA)	4	5,000	20,000
49	Aspen HBSAG test kit	4	525	2,100
50	Bio chemistry analyser *Semi auto (Erba Chem 7, CPC Statfax, Biosyste ms BTS 350)	1	3,50,000	3,50,000
51	Microscope (Olympus monocular CH20i Labomed binocular	2	35,000	70,000
52	Incubator (Avilab)	2	12,000	24,000
53	Centrifuge (Lab tec 8 tube)	2	10,000	20,000
54	Fire extinguisher	2	1,700	3,400
55	Gas Chromatography/mass spectrome-try (GC/MS)	1	6,00,000	6,00,000
56	Hematologyanalyzer/cell counter (Quickcell, medonic, trivitron, ADG)	1	2,50,000	2,50,000
57	HBI Ac machine (Bio rad)	1	2,50,000	2,50,000
58	Serology water bath (LabTec)	1	10,000	10,000
59	Microtome	1	30,000	30,000
60	Grossing work station (Genesys)	1	2,80,000	2,80,000

61	Tissue floatation bath (Genesys)	1	40,000	40,000
62	Tissue processor (Leica)	1	13,00,000	13,00,000
63	Analyser and polarisor (Dewinter)	1	25,000	25,000
64	Hot air oven	1	85,000	85,000
65	Bio safety cabinet	1	3,20,000	3,20,000
66	Camera microscope	1	45,000	45,000
67	Laminar air flow	1	40,000	40,000
68	Digital shaker	1	50,000	50,000
			TOTAL	**38,83,499**
			GRAND TOTAL i & ii	**1,08,85,548**

2. REQUIREMENTS FOR NURSING STATION (NON-RECURRING)

Sl. No.	Particulars	Rate	Quantity	Total
1	Desks	12,000	3	36,000
2	Chairs	6,000	5	30,000
3	Computer	40,000	1	40,000
4	Medicine cabinets	20,000	2	40,000
5	Changing room	8,000	5	40,000
6	Computer table 2Ft	5,500	1	5,500
7	Dressing trolley	20,707	5	1,03,535
8	Examination Table	20,000	1	20,000
9	Bedside locker	8,000	8	64,000
10	Rugs	449	5	2,245
11	Waste bin	100	5	500
12	Door mat	300	10	3,000
13	Resting Room (Couch, table, book shelf)	25,000	1	25,000
			TOTAL	**4,09,780/-**

3. STAFFING PATTERN

Sl. No.	Name of the Post	No. of Post	Monthly Expenditure	Yearly Expenditure	Minimum Qualification
1.	Doctor (Psychiatrist) Part Time	1	30,000	3,60,000	Doctors should essentially be qualified as MBBS and also hold a Training Certificate in Addiction Medicine from a Recognized Institute.
2.	Medical Doctor (Full Time)	1	50,000	6,00,000	

3.	Nurse	2	15,000 x 2 =30,000	3,60,000	Nurses should be qualified as Auxiliary Nurse Midwife (ANM) and trained by a recognized government medical Institution. New recruitment (i.e. Future recruitment): A qualified nurse with GNM/B.Sc. nursing degree and should be willing to be trained by the agency, as decided by MoSJE.
4.	Ward Boy	2	12,000 x 2 = 24,000	2,88,000	Class 8 passed preferably experienced in such centres. New recruitment (i.e. future recruitment): Class 8 Passed with experience of working in Hospitals/ Health Care Centres/de-addiction centres.
5.	Security	2	10,000 x 2 = 20,000	2,40,000	
TOTAL		**8**	**1,54,000**	**18,48,000**	

4. ADMINISTRATIVE AND OTHERS

Sl. No.	Items	Monthly	Yearly
1	Contingencies (Stationery, Electricity, telephone, Internet, Postage, Maintenance and replacement of bed, Linen, Bathroom essentials for patients etc)	20,000	2,40,000
2	Transport (Petrol and Maintenance of Vehicle)	15,000	1,80,000
3	Rent for Detox Center	35000 (Urban & Rural)	4,20,000
4	Maintenance of Medical Equipment & ICU ward	10,000	1,20,000
TOTAL		**80,000**	**9,60,000**

5. NON-RECURRING EXPENDITURE:

Admissible during the setting-up of the Centre and also a period of five years subject to approval after condemnation report by the department.

Installation & Fittings of Equipment	3,50,000
Transportation of Equipment (across India)	8,00,000
Installation of CCTV Cameras (8 Nos)	75,000
Total	**12,25,000**

Sl. No.	Cost	Total
1.	Recurring Cost	28,08,000
2.	Non- Recurring	1,25,20,328
GRAND TOTAL		**1,53,28,328**

NORMS FOR OPERATING AN EXISTING DETOXIFICATION CENTRE

1. STAFFING PATTERN

Sl. No.	Name of the Post	No. of Post	Monthly Expenditure	Yearly Expenditure	Minimum Qualification
1.	Doctor (Psychiatrist) Part Time	1	30,000	3,60,000	Doctors should essentially be qualified as MBBS and also hold a Training Certificate in Addiction Medicine from a Recognized Institute.
2.	Medical Doctor (Full Time)	1	50,000	6,00,000	
3.	Nurse	2	15,000 x 2 = 30,000	3,60,000	Nurses should be qualified as Auxiliary Nurse Midwife (ANM) and trained by a recognized government medical Institution. New recruitment (i.e. Future recruitment): A qualified nurse with GNM/B.Sc. nursing degree and should be willing to be trained by the agency, as decided by MoSJE.
4.	Ward Boy	2	12,000 x 2 = 24,000	2,88,000	Class 8 passed preferably experienced in such centres. New recruitment (i.e. future recruitment): Class 8 Passed with experience of working in Hospitals/ Health Care Centres/de-addiction centres.
5.	Security	2	10,000 x 2 = 20,000	2,40,000	
TOTAL		**8**	**1,54,000**	**18,48,000**	

1. ADMINISTRATIVE AND OTHERS

Sl. No.	Items	Monthly	Yearly
1	Contingencies (Stationery, Electricity, telephone, Internet, Postage, Maintenance and replacement of bed, Linen, Bathroom essentials for patients etc.)	20,000	2,40,000
2	Transport (Petrol and Maintenance of Vehicle)	15,000	1,80,000
3	Maintenance of Medical Equipment & ICU ward	10,000	1,20,000
TOTAL		**45,000**	**5,40,000**

2. NON-RECURRING EXPENDITURE:

Admissible during the setting-up of the Centre and also a period of five years subject to approval after condemnation report by the department.

Installation of CCTV Cameras	75,000
Total	75,000

Sl. No.	Cost	Total
1.	Recurring Cost	23,88,000
2.	Non- Recurring	75,000
GRAND TOTAL		**24,63,000**

NORMS FOR FINANCIAL ASSISTANCE

The cost norms for financial assistance will be on a ratio of 75:25 sharing pattern where the State will contribute 75% of the total cost norms and 25% will be the contribution of the NGOs/ Institutions except for prison setting where the State will provide 100% Financial Assistance.

CRITERIA

The NGO's should build corpus amount for maintenance purposes, Emergency patient requirements, Up-gradation facilities and accountability purposes.

25% of the contribution made by the NGO will eventually be recuperated through collection of fees from the clients for either Detoxification or Rehabilitation and should NOT EXCEED the 25% contribution.

1. For example, the fee structure should be as follows:
2. Rehabilitation Charges per month - Rs. 15,000 (75% state contribution, 25% contribution from the client) i.e. Client fees will be - Rs. 3750 per month.
3. The client's personal expenditures such as toiletries, haircut and shave, personal medicines etc. will be borne by the client.
4. Detoxification Charges per day - Rs. 1200 (75% state contribution, 25% contribution from the client) i.e. Client fees will be - Rs. 300 per day.

5. In the event of a BPL client, with all documents verified by the District Social Welfare Officer/Child Welfare Officer, all rehabilitation and detoxification charges will be waived completely. The contribution will be 100% state funded. However, the BPL client undergoing detoxification/ rehabilitation will only be able to avail FREE SERVICES once a year at all Government identified treatment facilities. In the event that a client does not maintain his/her sobriety and ends up relapsing, the patient will have to bear all treatment charges.

6. Preference of setting up a detoxification/rehabilitation center will be for NGO's/ Institutions having their own land and building.

7. After completion of detoxification of clients, it is mandatory for the centre to refer the clients to a Government Identified Rehabilitation Centre.

NORMS FOR OUTREACH AND DROP IN CENTER (ODIC)

Sl. No.	Budget Head	Nos.	Rate	Duration	Amount	Minimum Qualification
A. *One-time fixed setup cost*						
(i)	Furniture, chairs, almira, recreational equipment for Drop In Center	One-time Cost	1,00,000		1,00,000	
B. *Human Resource Costs*						
(i)	Honorarium to Center In-charge Cum Counsellor	1	20,000	12	2,40,000	Graduate with 3 years experience in institutes/ organizations working in the field of drugs and possessing working knowledge of computers.
(ii)	Honorarium to Outreach Worker*	3	15,000	12	5,40,000	12th Pass with two years experience in institutes/ organizations working in the field of drugs.
(iii)	Honorarium for Part time Doctor	1	20,000	12	2,40,000	"MBBS with registration with medical council/ medical commission" and "should undergo training arranged by the MOSJE / NISD within three months of joining the ODIC."

C. *Training Costs of ORWs and Staff (One time for 15 days duration through NISD)*						
(i)	Honorarium to Trainers for ToT @Rs.1500 per session	4	1,500	15	00.00	Graduate with experience of managing such centres/projects in social sector for a minimum period of three years and having working knowledge of computers, preferably from Social work/ sociology/ social science academic background.
(ii)	Lunch, two Tea with Refreshment @Rs.175Per day (20 PEs, 3staff and Resource Person (5 extra Peers training)	25	175	15	00.00	
(iii)	Stationery @Rs.150 Per Training including	20	150		00.00	
(iv)	Training Venue & AV equipment hiring	1	2,500	15	00.00	
D. *Administrative and Operational Costs*						
(i)	Honorarium for Part Time Account & M&E Officer	1	5,000	12	60,000	Graduate with knowledge of accounts and working knowledge of computers.
(ii)	Drop in Center-Rent	1	15,000	12	1,80,000	
(iii)	Medicine		6,000	12	72,000	
(iv)	Communication & Transportation for Outreach Workers*	3	2,000	12	72,000	
(v)	BCC/IEC Material printing cost	1	5,000	12	60,000	
(vi)	Office Expenses	1	12,000	12	1,44,000	
Grand Total (B+C+ D)					**17,08,000**	

*It would be the discretion of the organization to allocate the remuneration amongst the incumbents within the overall financial allocation.

NOTE : The total cost of manpower should be fixed accordingly as per the cost norms of the scheme guidelines. The flexibility of 20% re-appropriation of expenditure may be allowed within overall financial allocation of component relating to remuneration/ honorarium. The non- recurring grants are admissible to the organization at the time of setup and also after a period of 5 years provided they are receiving grants continuously and conditions of GFR provisions are fulfilled.

Recurring Cost	**16,08,000/-**
Non Recurring	**1,00,000/-**
Total	**17,08,000/-**

NORMS FOR COMMUNITY BASED PEER LED INTERVENTION FOR EARLY DRUG USE

A. Prevention among Adolescents

Sl. No.	Budget Head	Nos.	Rate	Duration	Amount	Minimum Qualification
A. *Human Resource Costs*						
(i)	Honorarium to Area Coordinator	1	20,000	12	2,40,000	Graduate with 3 years experience in institutes/ organization s working in the field of drugs and possessing working knowledge of computers.
(ii)	Honorarium to Trainer cum Supervisor*	2	15,000	12	3,60,000	12th Pass with two years experience in institutes/ organizations working in the field of drugs.
(iii)	Honorarium to Peer Educators (PE)1PE will take 1 session of 2 hours duration @Rs.150per session over 60 sessions/ Quarter	20	150	240 sessions	7,20,000	Should be literate with social skills like communication, empathy, conversant with regional language etc. He/ She should agree/given an undertaking to refrain from using, buying, or selling substance.
(iv)	Nutritional/Refreshment support @ Rs.10 per day per child for 60 sessions/ quarter	200	10	240 sessions	4,80,000	
(v)	Life skills educational kit printing cost including flex material/games/ scrolls	100 sets	1,000		1,00,000	
B. *Training Costs of PEs and Staff (Onetime for 15 days duration through NISD)*						
(i)	Honorarium to Trainers for ToT @ Rs.1500 per session	4	1,500	15	00	Graduate with experience of dealing with persons working in social/health sector for a minimum period of 1 year and with good communication skill, preferably from Social work/sociology/ social science academic background.
(ii)	Lunch, two Tea with Refreshment @Rs.175per day (20 PEs, 3 staff and Resource Person (5 extra Peers trained)	25	175	15	00	
(iii)	Stationery@Rs.150 per Training including	20	150		00	

(iv)	Training Venue & AV equipment Hiring	1	2,500	15	00	
C. *Office Expenditure Cost*						
(i)	Up keeping of documentation	1	4,000	12	48,000	
(ii)	Project Site Office Rent Cost	1	10,000	12	1,20,000	
(iii)	Office Expenses	1	12,000	12	1,44,000	
Grand Total (A+B+C)					**22,12,000**	

*It would be the discretion of the organization to allocate the remuneration amongst the incumbents within the overall financial allocation

NOTE : The total cost of manpower should be fixed accordingly as per the cost norms of the scheme guidelines. The flexibility of 20% re-appropriation of expenditure may be allowed within overall financial allocation of component relating to remuneration/ honorarium.

All NGOs/ Institutions should follow the MoSJE Guidelines under National Action Plan for Drug Demand Reduction until the State Standard Operational Protocols have been implemented.

INFRASTRUCTURE FOR THE SUBSTANCE-USE PREVENTION CELL

NON- RECURRING EXPENDITURE

Sl. No.	Particulars	Rate	Quantity	Total
1	Desks	12,000	5	60,000
2	Chairs	6,000	5	30,000
3	Computer & Printer	80,000	5	4,00,000
4	Computer table 2 Ft	6,000	5	30,000
			TOTAL	**5,20,000/-**

RECURRING EXPENDITURE

Sl. No.	Items	Monthly Expenditure	Yearly Expenditure
1	Contingencies (Stationery, Telephone, Internet, etc.)	20,000	2,40,000
2	Travel Expenses	50,000	6,00,000
TOTAL		**70,000**	**8,40,000**

STAFFING PATTERN (RECURRING EXPENDITURE)

Sl. No.	Name of Post	No. of Post	Monthly Expenditure	Yearly Expenditure
1	IEC Officer	1	30,000	3,60,000
2	Monitoring and Evaluation Officer	1	30,000	3,60,000
3	Liasion Officer	1	25,000	6,00,000
4	Computer Operators	2	(20,000 x 2)= 40,000	4,80,000
GRAND TOTAL		**5**	**1,25,000**	**18,00,000**

Sl. No.	ITEMS	AMOUNT
1	Non-Recurring Expenditure	5,20,000
2	Recurring Expenditure	26,40,000
TOTAL		**31,60,000**

Sl. No.	Name of Post	Qualification	Roles & Responsibilities
1	IEC Officer	Master's Degree in Mass Communication/ Journalism/Mass Media/Development Communication/Advertising/Digital Media Having 01 to 02 year experience in Mass Communication/IEC/BCC activities / experience at programme management level in an NGO or at State/District level in IEC program. Knowledge of local language	1. Assist the Social Welfare Officer (AD) in all the matters relating to IEC/BCC and advocacy activities under the Mission Mode to eliminate drugs/substance use in the state. 2. Participate in planning and monitoring of IEC/BCC activities 3. Organize operational research and survey activities related to mass Communication and behavioral change communication. 4. Coordinate all activities related to mass and interpersonal communication. 5. Carry out need assessment for IEC/BCC training, and plan training activities in collaboration with expertise in the field of addiction. 6. Organize technical support for production of mass media and mass communication material. 7. Monitor supply of mass communication material to districts and other facilities. 8. Visit district level facilities for supportive supervision and feedback. 9. Identify the cause of any delay in the achievement of milestones. 10. Provide regular report/feedback on program to the Director of Social Welfare 11. Any other duties assigned.

2	Monitoring and Evaluation Officer	Post Graduate in Statistics or related subject with specialization in Demography/ Bio-statistics/Operations Research/ Sampling. Advance degree/diploma or a post graduate course in Computers from an institute of repute. Minimum 2-3 years experience of working in a field of monitoring of projects preferably in the field of health or social development/ handling data and analysis and working on computerized databases and analysis software. Knowledge of local language.	1. Assist in development of the M&E plan for the state. 2. Ensure quality and timely reporting from all units in the state. 3. Ensure functional Computerized MIS in State. 4. Perform on-sight data validations and data verification. 5. Analyze the data regularly and give feedback for decision making. 7. Assist in preparation of quarterly and annual reports. 8. Participate and support other survey, research studies and surveillance as and when needed. 9. Assist in development of training plans and curriculum.
3	Liasion Officer	Bachelor's in public relations/ communication/ political science/ international relations	1. Builds and maintains mutually beneficial relationships, facilitates communications and coordinates activities among two or more agencies or organizations. Often a member of the public relations team, liaison officer's representatives that streamline operations and handle public communications, coordination efforts, incident response and conflict resolution. Act as technical or subject matter experts for the person, agency or organization they represent. 2. They should be well versed with the functioning of NGO's in the drug related field/ are going to be public figures. 3. Acting as contact points for all agency or organizational personnel; keeping lists of the agencies or personnel representing the person, agency or organization, facilitating meetings and cooperation among people, agencies and organizations, identifying problems in communications among these groups, collaborating and communicating with necessary constituents and the public.

4	Computer Operators	Bachelor's degree in computer science.	1. Data processing. 2. Communication skills. 3. Reporting skills.(making formats especially) 4. Productivity. (Assessing the department's efficiency) 5. Confidentiality. (since we are working in the field of addiction) 6. Documentation skills. (Putting words into paper/ minutes of the meeting etc. Etc.) 7. Equipment maintenance. (errors within the system that need to be addressed) 8. Problem solving. (Print media or communicating the document across to fellow NGOs).

NORMS FOR THE STUDENT POLICE CADET PROGRAM

The District Administration will have to ensure that out of the total amount allocated to the Districts an amount of `4,20,000/- shall be earmarked to the Student Police Cadet (SPC) team for remuneration purposes and an amount of `1,50,000/- for activities to be carried out under the SPC Program. Hence, a total of `5,70,000/- is the earmarked budget for SPC Program.

The SPC team will have to submit an Annual Activities Plan to their respective District Administration for approval. If additional funds are required, the SPC team will have to submit the additional requirement of funds to the District Administration along with the plan of activities for the fund required for approval.

STAFFING PATTERN (RECURRING EXPENDITURE)

Sl. No.	Name of Post	Number of Post	Remuneration	Total
1.	Community Police Officers	2	5,000/-	1,20,000/-
2.	Police Student Liaison Officer (PSLO)	1	15,000/-	1,80,000/-
3	Drill Instructors (DI).	1	10,000/-	1,20,000/-
				4,20,000/-

ANNEXURE-III

GUIDELINES FOR SUBMISSION OF PLANS FOR DREAM BY THE DISTRICTS

Introduction

The framework for the elimination of drugs/substance use for a "Drug Free Meghalaya" is a set of proposed activities under two main components-

Social Mobilisation and Setting up of enabling support systems.

The framework serves as a guide to the districts for preparation of the prospective 5 year plan through its process to ensure that the laid outcomes are being targeted and achieved. It is a yardstick by which progress will be measured through comprehensive and collective efforts in implementation of the mission for a Drug Free Meghalaya.

Purpose of the Fund

The State of Meghalaya is committed to strive in achieving its goal to make a "Drug Free Meghalaya" by the year 2026-2027.

The State has allocated budgets to the Districts based on the number of blocks, vulnerability and hotspots areas for implementing of various activities/programmes/interventions, innovations/initiatives through comprehensive and collective efforts of the line departments, NGOs, Communities and other Stakeholders to ensure significant reduction in the demand, supply and use of illicit and harmful substance in the state.

Guiding Principle of the Fund

The budget for the elimination of drugs/substance use for a "Drug Free Meghalaya" promotes initiatives based on the following principles:

Specific – The proposed initiatives should aim for concrete deliverables, contributing to specific goals and targets under the framework for the mission. In case of multi-departmental convergence, each department should have a clear role to play.

Measurable – To facilitate review of progress, proposed initiatives should set measurable progress indicators.

Achievable – Proposed initiatives should set attainable goals and strive to deliver results.

Resource based – Initiatives should have a secured resource base, rather than merely project proposals.

Time bound – Deliverables should be time specific.

Submission and Approval of proposals

The departments shall be responsible for the preparation of the proposal which will highlight the various measures to be undertaken along with the budget and resource requirement. The proposal will clearly define the indicators and targets it will help achieve.

The proposal shall be submitted to the respective Deputy Commissioners of the Districts along with a cover letter signed by the relevant authority. Thereafter the proposal will be scrutinized by the District Mission Steering Group (DMSG) for approval and the finalized plan along with financial implication of the Districts shall be sent to the Directorate of Social Welfare for compilation by the Substance Use Prevention Cell who will then placed before the State Mission Steering Group (SMSG) for final approval and the funds shall be released to the districts.

Release of Funds

After the approval, funds will be released for which a separate bank account will be opened for this purpose. The funds released cannot be diverted for other purposes or purchase of vehicles. The districts/departments will give regular updates to the Substance use Prevention Cell and Steering Committee on the progress of the proposed activities. Thereafter, release of the subsequent installments shall depend on the progress of work as well as submission of Utilization Certificates.

Assessment of performance

The District Mission Steering Group (DMSG) will identify the areas where it is lagging and therefore, need special attention. It will also review the performance of each department at regular interval and submit monthly reports to the Substance Use Prevention Cell for compilation of the same and also review the performance of each district.

TENTATIVE DISTRICT ACTION PLAN:
TARGETED MISSION FOR THE DRUG REDUCTION, ELIMINATION AND ACTION MISSION (DREAM)

Sl. No.	Item	No. of Units	Cost Per Unit in Rupees	Total Cost in Rupees	Remarks
1	**Intersectoral Consultations**				
A	Meeting with allied Department & Stakeholders				
B	Meetings/Review of District Mission Steering Group				
C	Media Campaign on Mission Mode				
D	Sensitisation to District Officers/ Youth/Religious Groups/VHC/ SHGs/Etc.				
E	Capacity Building/Training of various Stakeholders, NGOs, Local Leaders, Faith Based Organisations, etc.				
	Sub Total - 1				
Sl. No.	**Item**	**No. of Units**	**Cost Per Unit in Rupees**	**Total Cost in Rupees**	**Remarks**
2	**Sectoral Activities (Health)**				
A	Setting up of Detoxification Centres in Government/ Private Health Settings				
B	Activation of activities of Village Health Councils for Prevention of Drugs				
C	Linkages with Treatment Centres that cater to Drug Users - Targeted Intervention, Integrated Counselling and Testing Centres, Community Resource Groups				
D	Coordination with implementing agencies for controlling sale of drugs				
	Sub Total - 2				

TENTATIVE DISTRICT ACTION PLAN:
TARGETED MISSION FOR THE DRUG REDUCTION, ELIMINATION AND ACTION MISSION (DREAM)

Sl. No.	Item	No. of Units	Cost Per Unit in Rupees	Total Cost in Rupees	Remarks
3	**Sectoral Activities (Education)**				
A	Training of Teachers and counsellors on different assessment tools				
B	Intervention Programmes in Educational Institutions for Lifeskill Development on Ill Effects of Drugs and Overdose Management and Pledge Against Drugs				
C	Formation of Youth Against Drug Abuse (YADA) Clubs in all Schools,				
D	Counseling Cell in Educational Institutions				
	Sub Total - 3				
Sl. No.	**Item**	**No. of Units**	**Cost Per Unit in Rupees**	**Total Cost in Rupees**	**Remarks**
4	**Sectoral Activities (Social Welfare)**				
A	Setting up of De-addiction Centres				
B	Setting up of Shelter Homes for Children/Adults at the District				
C	Advocacy & Addressing Discrimination, Etc.				
D	Coordination, Monitoring and Evaluation				
E	Awareness Programmes for School Drop Outs in high risk and Vulnerable areas.				
	Sub Total - 4				

TENTATIVE DISTRICT ACTION PLAN:
TARGETED MISSION FOR THE DRUG REDUCTION, ELIMINATION AND ACTION MISSION (DREAM)

Sl. No.	Item	No. of Units	Cost Per Unit in Rupees	Total Cost in Rupees	Remarks
5	**Sectoral Activities (Sports and Youth Affairs)**				
A	Organise and Promote Sports activities/competitions for Youths as well as the general Public				
	Sub Total - 5				
Sl. No.	**Item**	**No. of Units**	**Cost Per Unit in Rupees**	**Total Cost in Rupees**	**Remarks**
6	**Sectoral Activities (Employment & Craftsmen Training, Labour Department, District Industries and Commerce, NGOs, MSRLM)**				
A	Vocational Training or Skills Development for Livelihood opportunities				
	Sub Total - 6				
Sl. No.	**Item**	**No. of Units**	**Cost Per Unit in Rupees**	**Total Cost in Rupees**	**Remarks**
7	**Sectoral Activities (Police)**				
A	Increase Surveillance in areas around Educational Institutions				
B	Setting up of dedicated NDPS Cell				
C	Conduct Joint Operations				
	Sub Total - 7				

TENTATIVE DISTRICT ACTION PLAN:

TARGETED MISSION FOR THE DRUG REDUCTION, ELIMINATION AND ACTION MISSION (DREAM)

Sl. No.	Item	No. of Units	Cost Per Unit in Rupees	Total Cost in Rupees	Remarks
8	**Sectoral Activities (Education)**				
A	Fast Track Courts/Special Court and provide Legal Assistance to Users in the Districts				
	Sub Total - 8				
Sl. No.	**Item**	**No. of Units**	**Cost Per Unit in Rupees**	**Total Cost in Rupees**	**Remarks**
9	**JAP (Prioritised Activities)**				
	Sub Total - 9				
10	**Flexi Fund (4% Of the Total Fund)**				
	Sub Total - 10				
	Grand Total				